

CHEMIST & DRUGGIST

The newsweekly for pharmacy

September 26, 1987

a Benn publication

'New roles first,
money later'
says Currie

Liability and
ageing: BPC 1987

Returns policy
from NAPD

DHSS looks at
'dope' sales

'Open and shut'
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Contra-indications: Galactosaemia. Gastro-intestinal obstruction. Precautions: Lactose intolerance. **Product Licence Number** 0512/5001.

References: 1. Florent C, et al. *J Clin Invest* 1985; 75: 608-613. 2. Palmie P E. *Therapiewoche* 1980; 3: 4045-4049. 3. Hoffman K, et al. *Klinische Wochenschrift* 1964; 42 (3): 126-130.

4. Sanders J. *J Am Ger Soc* 1978; 26 (5): 236-239.

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COMMENT

 It is a sad fact of life that the majority often suffer because of the misdeeds of a few. Most people can recall childhood incidents where an apoplectic teacher faced a classroom of blank faces demanding that one of them "owns up". Of course, as adults we handle things slightly differently, but the end effect is the same.

It is no surprise, therefore, to find that the behaviour of Omparkash Sood (p589) has precipitated a stricter returned goods policy from pharmaceutical wholesalers. Any pharmacist who can return drugs to a wholesaler, having substituted the original contents with aspirin, and in the clear knowledge that they are likely to be re-issued and reach a patient, deserves to be dealt with most severely.

The DHSS was understood to be alarmed enough by the

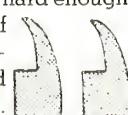


incident to urge the National Association of Pharmaceutical Distributors to come up with a coherent industry-wide returned goods policy. The new procedure applies from October 1 (p590). The DHSS will be drawing attention to it on the next issue of *Mail*, and the Medicines Inspectorate will "enforce" it on all wholesalers. They will, in turn, be obliged to enforce it on the retail customer, in their own interests if nothing else.

It is difficult to quibble over the main principles of the policy,

that goods will not be accepted for return unless there are cogent reasons. As NAPD director Ossie Logan says, the new procedure formalises that which currently operates in a significant part of the wholesale sector at the moment. There is little doubt, in any case, that the liberal understanding that has existed over returned goods between pharmacists and wholesalers in recent years would have come to an abrupt end with the introduction of strict liability next year.

But it is sad to reflect that the gentlemanly arrangement which allowed a pharmacist to "massage" his dispensary stock back into reasonable shape after those occasional lapses to which most of us are prone, has been prematurely terminated by a criminal act. Life is hard enough without the perks of professional integrity being eroded by breaches of trust.



Currie: 'New roles first, money later'

Pharmacists shouldn't wait for a second "new contract" to be negotiated before becoming fully involved in providing extra health services, such as blood pressure monitoring and diagnostics, to the community. "If you don't provide them, others will — drug stores maybe!" Junior Health Minister Edwina Currie has told *Chemist & Druggist*.

Mrs Currie says the Government is content so long as patients' interests are looked after. "We're happy to encourage preventive community healthcare".

"You pharmacists are not tied to the National Health Service, you're tied to your customers," she told Pharmaceutical Society president Benard Silverman, who had suggested to her that Government and the profession "see eye to eye on providing extra community services of a proper standard with proper remuneration."

Mrs Currie said she could not understand what was holding pharmacists back. They had the opportunity now within the community and the reputation of giving friendly, sensible advice, face to face. "In South Derbyshire, where I come from, pharmacists are very good at this."

She again emphasised that if pharmacists did not seize their opportunity, others would. She said she could see no objection to pharmacists routinely testing blood pressure when, for example, untrained non-professionals were doing so in fitness clinics. Doctors should not object because the pharmacist would refer anyone with a high reading.

Afterwards, Mr Silverman said the only thing that would prevent him serving for a second term as president, if elected, was the rejection of Nuffield by the profession. "If it does so it will have signed its own death warrant," he said.

Mrs Currie, who officially opened the Chemex Exhibition at Earls Court on Monday, spoke to *C&D*, the PSGB president and vice-president Marion Rawlings after touring some of the stands.

Premises up 31

The number of premises on the Pharmaceutical Society's Register increased by 31 in August. The largest monthly increase since March takes the total to 11,832.

England (excluding London) had an increase of 20 overall, with 46 premises added to the Register and 26 deleted.



Chemex sparkles

Junior Health Minister Edwina Currie complimented Chemex organiser Trade Exhibitions on a sparkling show, and also High Street pharmacists on their sensible health care advice, when she opened the 1987 exhibition.

A record 6,106 people attended the three-day show, now in its sixth year, with its 100 stands. Carnation Healthcare won the plaque for the best stand at the show. H.N. Norton won a crate of champagne for getting the greatest number of their customers through the door, measured by numbers of endorsed ticket receipts.

Trade Exhibitions say advance bookings for next year are well up with some 1987 exhibitors going for bigger stands in 1988. They also hope to attract even more overseas interest next year.

Scotland was up two overall (six added, four deleted); Wales was up three (five, two). London had an increase of six pharmacies (eight, two).

September's figures will be the last to include the opening of pharmacies whose applications beat the April 1 deadline for the new contract regulations.

Succeeding months' figures will establish a new "rational distribution" post-contract trend.

Plan to beat deadline fails

West Glamorgan FPC has blocked plans by two pharmacists to beat the new contract deadline by "opening" before September 30, then closing again to re-open at a later date.

The two pharmacists, in Morriston and Pontardulais, have been told they must open before the end of the month or go through the full "necessary or desirable" procedure. FPC administrator Mr D.F. John told *C&D* on Tuesday that the two pharmacists concerned had said they would comply with the FPC's request to fulfil their contractual obligations. To avoid consideration by pharmacy practice subcommittees, pharmacies for which applications had been submitted before April 1, must open before October 1.

Mr John said that the contractor involved in the Pontardulais pharmacy wanted to open for a week, and then close until a new surgery nearby is completed. The Morriston contractor wanted to open for a day and then close again while building work was completed. *C&D* understands that, as of last week, the premises had no roof.

"The Committee wasn't prepared to allow the opening and closure in such circumstances," Mr John said. "It felt that the contract should be observed and the opening hours maintained from the start. Both chemists say they will be able to comply and will therefore beat the six month deadline," he added.

More should be spent on NHS'

A greater proportion of the UK's Gross National Product should be spent on the NHS according to the 1987 "Agenda for Health" report from the Association of the British Pharmaceutical Industry.

Presenting the report at a Press conference in London on Tuesday, ABPI director of public and economic affairs, David Taylor, said the proportion of GNP health spending in Britain is strikingly low compared with other similar countries.

The report also points to the contributions made by the pharmaceutical industry and argues the case for an extension to effective patent life of medicines. In Britain the average new medicine has only about half the effective patent term available to other products.

DHSS looks into 'dope' sales

The Department of Health is investigating the black market trade in anabolic steroids.

A BBC "Panorama" programme last Monday suggested that eight major dealerships are operating in Britain with supplies reaching athletes through small time dealers in gyms. Holland was suggested as a prime source.

Investigations into the black market supply of anabolic steroids are underway. The Department says one prosecution is underway in Leicester; others are in the pipeline. It also confirms it is investigating the circumstances surrounding supplies of anabolic steroids by Paines & Byrne.

The Sports Council is to produce a new system for "dope" testing by 1988.

Initial proposals stem from an investigation by Sports Minister Colin Moynihan and the Council's vice-chairman Sebastian Coe, who took evidence from over 200 sports bodies.

A key plank in any new system will be independent testing; the Government has already announced that the Advisory Council on the Misuse of Drugs has been asked to consider whether anabolic steroids should be brought under the Misuse of Drugs Act legislation.

New recommendations include:

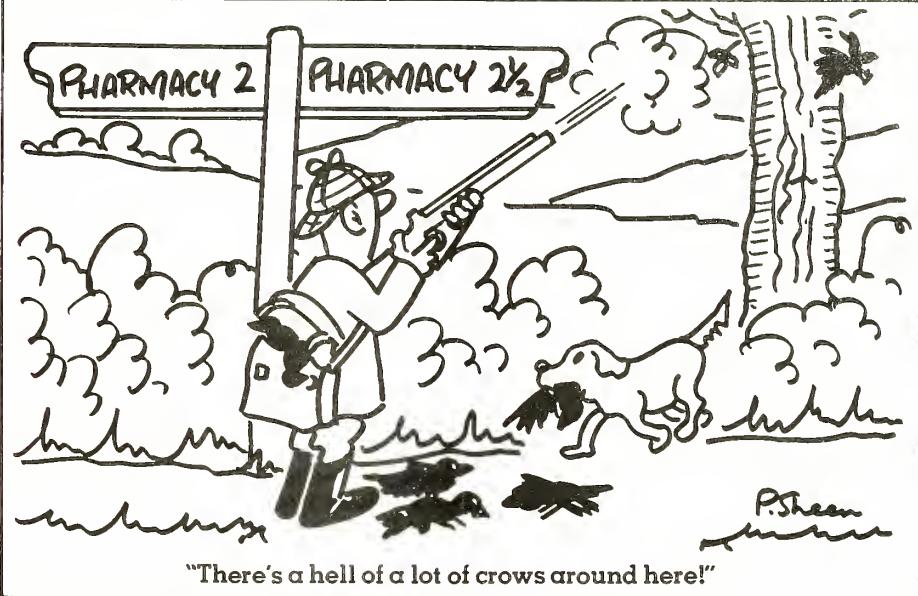
- Testing by approved officers independent of governing bodies.
- Selection of sportsmen to be tested must be made independently of governing bodies and at random.
- Competitors should be required to declare themselves willing to be tested.
- Penalties should be effective and consistent.

Needle scheme forced to stop

Threatening and disruptive behaviour by drug addicts has led to the withdrawal of a needle exchange scheme in Dundee.

A spokeswoman for the Tayside Health Board confirmed that this decision was due to the "behaviour of clients". Staff at the Wishart Drug Problem Centre had been threatened and the normal running of the centre had been severely disrupted.

The Drug Centre is closed at present due to a temporary staff crisis. An alternative to the needle exchange programme is under review.



New 'old' meths rules proposed

HM Customs and Excise are proposing to amend the 1983 Methylated Spirits Regulations to restore a provision for supplies by dispensing chemists, originally contained in the 1952 Regulations.

The proposed changes will permit dispensing chemists to supply industrial methylated spirits for medical use on the prescription or order of a medical practitioner. They reinstate a clause inadvertently left out of the Regulations when they were amended in 1983.

Other changes will introduce a new class of methylated spirits to replace those presently approved for use in perfumery and toiletry, to comprise 999 parts by volume of spirits, plus one part by volume tertiary butyl alcohol, with 10 micrograms per ml Bitrex. The three classes containing a n-propanol marker will be discontinued.

Thirdly, the new Regulations will require suppliers of IMS and denatured alcohol in the Isle of Man to obtain statements from customers to say they are authorised to receive them.

Aspirin trial

Hospital pharmacists will be asked to help in a trial of aspirin in pregnancy complications.

The double-blind trial, which starts in December, is expected to involve 4,000 women nationwide. It is being co-ordinated by the National Perinatal Epidemiology Unit and Clinical Trials Unit in Oxford. Results are likely to take three years, and hospital pharmacists will be asked to dispense the special packs.

Women who have experienced seriously high blood pressure or severe

foetal growth retardation in previous pregnancies will be given aspirin 60mg daily or placebo from the second trimester until the baby is born. Another group will receive low dose aspirin or placebo later in pregnancy at the first sign of complications. Two preliminary studies suggested aspirin's anti-platelet effect may be useful in preventing or treating pre-eclampsia and poor foetal growth.

Jail for drugs swop pharmacist

A pharmacist who ordered expensive drugs from a wholesaler, substituted them with aspirin and returned the packs for credit, was jailed for two years at Snaresbrook Crown Court on September 11.

The packs were redistributed by Macarthy's of Harold Hill, Essex, the unsuspecting wholesaler, to other customers in the Southend area, who in turn dispensed them to patients.

Macarthy's traced a batch back to Omparkash Sood's shop in High Road, Wormley, Hertfordshire, where he lived. Police found he had changed expensive drugs for aspirin or vitamin tablets on at least five occasions.

Judge Owen Stable, QC, said: "I can think of no more wicked thing for a qualified pharmacist to do. We know of at least one cancer patient who very nearly went on holiday with aspirin instead of the expensive tablets he needed."

Omparkash Sood was found guilty of three charges of deception involving 100 Androcur, 500 Aldactide and 500 Primolut-N tablets and one of intending to pervert the course of justice between July 30 and November 5, 1986. He was cleared by the jury of three charges of theft on the judge's direction. Sood was ordered to pay £5,000 costs towards his trial. He had pleaded not guilty to all of the charges.

Stricter returns policy by NAPD

A stricter policy on returned goods has been announced by the National Association of Pharmaceutical Distributors, to become effective from October 1.

"The recent successful prosecution concerning substitution is a timely reminder of the heavy responsibility that all sectors of the health care industry bear for product integrity," says NAPD director Mr O. Logan.

The revised procedure formalises that which currently operates in a significant part of the wholesale sector already, he says. Goods may only be returned to correct an error in ordering or delivery, in response to a recall or if faulty.

The new returns policy was drawn up with the active co-operation of the Department of Health. The DHSS Medicines Inspectorate, in its routine surveillance, will have regard to whether the provisions of the code are being observed.

NAPD returned goods policy

Under normal circumstances goods will not be accepted for return. Goods will only be acceptable for the following reasons:

- To correct an error in delivery or ordering.
- In response to a product or batch recall instigated by a manufacturer.
- Where products or packages are alleged to be faulty.

In these cases the following conditions will apply.

Returns to correct an error in delivery or ordering

■ The goods must be returned within three working days of receipt.

■ Items requiring temperature controlled storage will be accepted to correct a delivery error only. In this case the goods must be returned not later than the next working day and must have been stored correctly while on the customer's premises.

■ To be considered for return the goods must be accompanied by a returns note showing:-

- a. The customer's name and address
- b. The quantity, description, strength, pack size and price of the goods.
- c. The invoice number of the invoice on which the goods were supplied.
- d. The reason for the return.

Those products covered by the Misuse of Drugs Act which necessitate a signature should be entered on a separate returns note and a signature obtained from the driver when the goods are returned.

■ The goods must be in perfect original condition, not marked in any way, should not show any evidence of having been tampered with, and carry a PL number.

■ In the event of any of the above conditions not being met goods will not normally be accepted for return.



Trade and industry Under-Secretary Robert Atkins (right) at Unichem's Preston branch with manager Joe Harris (left) and Unichem's operational director Kelvin Hide

■ Immediately upon receipt, returned goods will be quarantined in a separate, well defined area, pending appropriate action or disposal. No goods may be returned to shelf stock without authority of a designated person, in accordance with internal operating procedures.

Returns in response to a product or batch recall instigated by a manufacturer

■ The recall arrangements for a medicinal product are dictated by the product licence holder and goods will only be accepted according to the specific instructions relating to the circumstances surrounding each recall.

■ Goods must be returned as instructed, accompanied by a returns note, as above, indicating the type of recall and, were appropriate, the batch number(s). This note should not have other products on it.

■ Goods must be packed separately and clearly identified as returns relating to a product or batch recall.

■ Credit will only be issued by the depot as authorised by the manufacturer concerned and at such time as specified by him.

Returns because a product or package is alleged to be faulty

■ In the case of alleged faulty packaging the following procedure will apply.

a. Goods must be packed separately and accompanied by a separate returns note. Details should be as above with the addition of the batch number(s).

b. Goods must be packed separately and handed to the van driver with a request that they should be passed to the depot manager as soon as the van returns to the depot.

c. Goods returned with faulty packaging will be forwarded to the manufacturer for examination and comment, along with the name and address of the original complainant.

■ Where a product is alleged to be faulty the procedure above should be followed, but in addition details of the alleged fault should be phoned to the depot concerned so that the manufacturer is alerted as quickly as possible. This in no way precludes a pharmacist from dealing direct with the manufacturer on the grounds of patient safety.

■ Credit will only be issued by the depot as authorised by the manufacturer concerned and at such time as specified by him.

MP given a wholesale view

Trade and Industry Under-Secretary Robert Atkins gained an insight into pharmaceutical wholesaling when he formally opened Unichem's latest and largest distribution centre last week (see left).

Sited only 600 yards from the M6/M61 junction near Preston, the centre has been operational since Easter. Mr Atkins — the local MP — spent some hours seeing at first hand the fast turn-round of orders. He later lunched privately with Unichem chief executive Peter Dodd, centre manager Joe Harris, and other executives.

The new 72,000 sq ft centre, which replaced the central Preston depot, serves 600 pharmacies throughout Lancashire, using 60 vans. It employs 250 people, carries some 18,000 lines and has Unichem's highest (though undisclosed) turnover. The cost was £2.5m and Mr Dodd says he expects customers to reap the benefits in improved service from the fully-computerised system.

Other Unichem developments in hand include an extension at Chessington, due for completion later this year, and a total refit at the Exeter branch.

Sunday trading: another airing

The Government is being subjected to increasing pressure from Conservative constituency parties to make a fresh effort to deal with the anomalies in the present Sunday trading laws.

The issue is raised in resolutions from areas as far apart as London, the South Coast, Wales and Lancashire, all of which are included in the agenda for the Conservative Party's annual conference at Blackpool next month.

They echo dissatisfaction with the existing hotch potch of the restrictions and the inconsistent manner in which they are enforced. None of the resolutions have been selected for discussion, but they will feature in a ballot which enables delegates to choose two motions for debate on issues not on the formal agenda.

Ministers have been keeping a low profile on the Sunday trading issue since the Bill allowing traders to set their own hours for Sunday opening was rejected after a revolt by backbench Conservative MPs in the last Parliament.

Tory anxiety over high script costs

A clear warning to the Government to pause before further increasing prescription charges appears in the agenda for the Conservative Party Conference which opens in Blackpool on October 6.

A Blackpool South constituency party resolution — not selected for debate — underlines anxiety over the policy of using prescription charges as a revenue raiser to help finance the Health Service.

The resolution urges the Government "to demonstrate clearly" that the Conservative Party is a caring party by immediate reassessment of the costs to the individual of the NHS, with particular attention given to the prescription charge which is proving a burden to families in the lower and middle income ranges.

Mr John Moore will be making his conference debut as Social Services Secretary, when he leads a debate on health. It will be based on a resolution from the South West Cambridgeshire Conservative Association. "This conference applauds the Government's support of the NHS and urges that such increased resources as are available be directed at providing better patient care".

A resolution from Pontypridd — not selected for debate — urges the Government to consider charging for some NHS services. Another wants subscriptions to recognised private health schemes liable against personal tax.

Greece clarifies codeine stance

The arrest of an Australian nurse for possession of codeine tablets (C&D September 12, p472) has been put down to "excessive zeal" on the part of customs officials.

The Greek Ministry of Health, Welfare and Social Security says that appropriate instructions have now been issued to all officials.

The Ministry says that Greek legislation is in line with United Nations Conventions on drug trafficking. "It is legal to import into Greece medications containing narcotic substances provided that they are intended for the personal use of the visitor, that they have been obtained in a manner that is legal in their country of origin, and that the quantity is only such as to meet the medical requirements of the visitor."

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Society president Bernard Silverman (left) with guest speakers Sir Kenneth Clucas and Professor I. Gillespie, professor of surgery, University of Manchester, prior to the Conference banquet. Sir Kenneth warned the profession not to delay in deciding its future.

Below: Conference science chairman Professor Malcolm Stevens invests his successor for the 1988 British Pharmaceutical Conference in Aberdeen, Professor John Midgley of Strathclyde University, with the chain of office. Professor Midgley said he would do his best to make the 1988 science sessions a "platform for scientific excellence". A section for young pharmacists and a discussion session are among proposed changes to the conference for 1988.



Above: Winner of the Chemist & Druggist Award for the best paper at the Practice Research Session, Jonathan Cooke, principal pharmacist, Leeds General Infirmary, is presented with his silver medal and a cheque for £100, by PSGB president Bernard Silverman. Mr Cooke paid tribute to his co-workers on the project which chromosomal damage was monitored. The Janssen Award for the best first time paper went to Pauline Hilditch and the Rybar award for the best poster to Elizabeth Kay.

Anti-age claims

A leading dermatologist has expressed concern about cosmetics claiming to halt skin ageing.

Professor Malcolm Greaves, Institute of Dermatology, St Thomas's Hospital, London, referred in a letter to *The Times* last week, to "a worrying and potentially dangerous trend" for cosmetics to be advertised as having profound biological effects on the skin. Cell extracts and other biological ingredients were claimed to increase cell turnover, restore connective tissue and prevent damage to DNA.

Because cosmetics were not controlled under the Medicines Act, these apparently potent substances were escaping controls on efficacy, safety, quality and advertising, he said. Claims were being

made which went far beyond those expected of cosmetics and Professor Greaves believed the products should have the same safeguards as medicines. The Committee on Safety of Medicines has been asked to investigate.

A working party of National Pharmaceutical Association Board members is to consider the Pharmaceutical Society's consultative document on Nuffield. NPA director Tim Astill told C&D it had been decided at this month's Board meeting to refer the document for more detailed consideration by a working party. Board members also expressed concern at the availability of dangerous liquids without child resistant closures. A letter is to be sent to the Society asking what progress has been made.

Compensation for struck-off pharmacy

Greater Glasgow Health Board has been somewhat embarrassed because a pharmacy it compensated for closing under the new contract arrangements was a short time later struck off the Pharmaceutical Society's Register after excessive sales of codeine linctus.

The information appeared in an article run in the *Evening News* in Glasgow which was part of a series on codeine abuse and pharmacists who allegedly "cash in on the teenage craze."

Glasgow pharmacist John Morrison was struck off the Register on August 10. The firm that employed him, J.M. Munro Ltd, was disqualified and the premises in Duke Street, Glasgow, struck off. The striking off order was given in May. Mr Morrison then had three months in which to appeal. The Society's records show the shop closed on June 12. The decision to strike off was made because over a few months the firm had received 4,900 litres of codeine linctus. But prescriptions and stock accounted for only 100 litres.

In April, *C&D* understands, the company applied to close under the arrangements made by the new contract, claiming compensation. A cheque was sent to the company by Greater Glasgow Health Board before June 12 (the Board would not confirm the exact date). The Board was not aware at the time of the Society's investigations and has now asked the Pharmaceutical Society if it may have "prior knowledge" of investigations to avoid this situation occurring in future. Because, even though compensation was a separate issue from the striking off, compensation is discretionary.

However, it is unlikely the Society will comply with the board's request because, as the head of the Pharmaceutical Society's Law Department, Gordon Appelbe told *C&D*, investigations are confidential until complete.

In a letter to the *Evening News* Mr Appelbe said that only five of the pharmacists highlighted in the newspaper articles on codeine abuse were being investigated by the Society's inspectors.

Mr Appelbe told *C&D* that since December last year there have been four Statutory Committee cases for excessive sales of medicines likely to be abused. Up to this year there have been about one or two cases a year, he said.

No crowing please

The number of pharmacies deemed to be essential may soon be increased to take in some at present excluded because they are within the 2 kilometre exclusion radius of another pharmacy. This is a welcome change, for although the qualifying distance from another pharmacy will still remain at 2 km, it is now to be measured by the most direct route which people would have to take to get there. This at last removes the exasperating nonsense of a measured map distance ruling, which could take no account of the diversions forced on patients by barriers such as rivers, estuaries, and more recently motorways...So instead of relying on crows for guidance, commonsense is applied. Well done PSNC and those who have beavered away at the problem.

Definitely no crowing

But for Dorset LPC there will be little pleasure at seeing their humane proposition for a compensation scheme for disadvantaged pharmacists fail because of the apparent parsimony of the bulk of contractors. They should note though that some 1,800 contractors were willing, despite the bald way the funding was promoted by PSNC. The flat demand for a couple of hundred quid would seem to me to have almost guaranteed failure. Which is odd since I understand PSNC asked Dorset to submit the proposal.

Whose duty?

We are being told not to delay, not to hang back, but to accept Nuffield, dare I say, warts and all? I don't think the situation is a parallel to the contract decision, however. My only reservation concerns supervision, which should be direct at some point in the dispensing process. Otherwise I think the recommendations admirable. Far from being agin it, I would like to see acceptance.

While agreeing with Sir Kenneth Clucas who says "if you make your role the detailed involvement in dispensing, you are going to be squeezed out because the Government is not going to pay you for doing something which can be done elsewhere," I see the dilemma is in deciding how we fulfil our responsibilities regarding dispensing.

I never believed I should be stuck in the dispensary counting pills. The mechanical process itself has nothing professional about it. I didn't train to be a tablet counter, and so employ staff who can do it for me, accurately. But there is no way I am prepared to leave the whole process from receiving the script to handing it out in hands which, while capable, are without professional insight.

Dispensing doctors may be content to "accept responsibility" for what may happen. The difference between them and us lies in our continuous oversight of the process and our trained input in terms of pharmacological understanding. We know from daily experience how essential this can be. Supervising the issue of drugs and medicines, accepting responsibility for ensuring the patient gets what is wanted, and understands at least how to take it, must be seen as fundamental to our public role. If Nuffield is saying we can easily train technicians to do this in our absence, then our presence becomes superfluous, does it not.

Perhaps Sir Kenneth Clucas, or Bernard Silverman, who served on the Nuffield committee, would come back to us on this point which alone bugs me (and a good many others). Since I am proud of my profession and anxious to see it achieve full recognition, I don't care to see myself cast in the role of reactionary old stick-in-the-dispensary, particularly if by arguing too publicly I damage our advancement. We must have this sticking point developed.

Check it out

Miall James last week produced a lovely rambling letter so like his speeches as to be instantly recognisable. He raised one point about the checking of doctor dispensing, which many think should be subject to inspection by the Pharmaceutical Society. The idea has been ruled out by the Society's law department on the grounds that we have no jurisdiction over another profession, even though all dispensing should be subject to pharmaceutical checking.

But as I don't want to go into that murky legal area, I'll content myself by picking up the suggestion that LPCs introduce the subject of dispensing checks on doctor dispensing to FPCs via their sitting representative members. Since FPCs are now autonomous bodies, responsible for area spending, lay members might well recognise the unacceptable position which exists at present, and demand some reasonable check on this expenditure. However, I understand the proposition is being discussed at a conference of FPCs?

nelsons

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BENCKISER takes over Ecolab Consumer Division worldwide.

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Sunbrella
SUNGLASSES



BRING JUDITH BROWN FOR FURTHER INFORMATION
DIAL 100 AND ASK FOR FREEPHONE JACKEL

Progress stifled in rural areas

Sir Alan Marre was right to say (C&D September 12) that "giving dissatisfaction to somebody" was part and parcel of his tenure of office as chairman of the Rural Dispensing Committee. The assumption is made that the Clothier Regulations are going to be lasting and that they are a satisfactory solution to the problems that exist. The more accurate assessment is that the regulations will continue to stifle the progress of using the full potential of the pharmacist in rural areas.

In the interview he sticks rigidly to his own remit, and it is perhaps unfair to expect him to do otherwise, but Sir Alan does give an air of finality regarding the present position, which many rural pharmacists may well feel is far from their aspirations. The Rural Pharmacists Association is certainly looking for a change in direction, and an extension of the one mile rule. The yardstick by which applications are considered, based on the one mile rule, defies logic. What should have taken its place was a proper inter-professional agreement where both pharmacist and doctor are contracted to be available for emergency need. An updated list of emergency drugs would be allowed for immediate supply, and the pharmacist would cover all other needs.

The RPA would disagree completely regarding Sir Alan's thoughts on the slowing down of applications in the future for rural pharmacies to open. Where a pharmacist has made an application to open in a rural area, PPSCs will undoubtedly be strongly influenced by the fact that the RDC has already approved of the application (otherwise it wouldn't be before the sub committee). The PPSC will consider on the grounds of desirability and necessity whether a pharmacy should open, and only if an existing pharmacy already provides an adequate service will an application be turned down. This is surely an ideal situation to avoid leapfrogging.

Sir Alan's last remarks — "four and a half years isn't long in the life of a public body" and "the committee having done reasonably well, and so it is possibly best to leave it alone" — smack of complacency. It is illogical to have a situation where pharmacists' involvement in wider areas is being promoted, as shown by Nuffield and the Government's Green Paper, only to be baulked by regulations which prevent such potential developing. The Clothier regulations were a stop gap to enable the two professions to stop a bitter struggle. Now, when pharmacy is at



Pharmacist Hartley Clumpus (right) is the first winner in Reckitt & Colman's national mystery shopper competition for Lemsip and Disprin. Mr Clumpus was presented with two Omega watches by pharmaceutical division territory sales manager Gordon Cooper

last showing greater ability to cope with the advances taking place, the Clothier Regulations are a barrier to any advancement taking place in rural areas. We surely can't continue for another four and a half years knuckling under to regulations which must now be considered totally out of date.

Sir Alan may well be playing the part of the diplomat, by conveying everything is working nicely, so let us not disturb it! But behind the scenes one hears of instances of grave concern. The threat of a reduction in medical services is already commonplace when a pharmacist makes an application to open a new rural pharmacy. The Clothier Regulations have invested extra expectations to the dispensing doctor: it has made them feel that they are our equals in our own professional field, and has given them a foot in the door, which they are ever eager to push wider.

The RPA is not sitting back idly contemplating what Sir Alan calls four and a half years of "giving dissatisfaction to somebody". Our aim is, and always has been, to see that the benefits of urban pharmacies are available to the rural community. The limitation of pharmacies was meant to procure savings and a reduction in the pharmacy conglomerates, and at the same time ensure an even spread, and this includes rural areas. The Clothier Regulations appear to be tailor made for ensuring that this process is never accomplished.

If pharmacists feel that the RPA is right to insist on the greater spread of rural pharmacies then let us know, and let us have your support to enable us to carry out some positive action on your behalf.

John Davies

Secretary, Rural Pharmacists Association

Safe sweetener

In the June 20 issue of C&D an article appeared by Mrs L. Edwards entitled "PKU needs constant monitoring" which states that "aspartame should never be used by PKU sufferers". As manufacturers of the Nutrasweet brand of aspartame, we feel that this statement could be misleading to PKU sufferers and could cause unnecessary distress.

Like all human beings, PKU sufferers need phenylalanine, but, as your article states, they need to monitor their levels carefully. Phenylalanine is one of the two amino acids present in aspartame — the other is aspartic acid. As amino acids are the building blocks of proteins found naturally in foods, aspartame is metabolised in the same way. Aspartame can therefore be treated as any other phenylalanine-containing product by PKU sufferers.

The Nutrasweet Co recommends that products which contain aspartame carry a label to advise phenylketonurics that they contain phenylalanine. But, the levels of phenylalanine in products containing Nutrasweet are low and unlikely to upset the balance of a PKU sufferer.

The *Journal of the American Medical Association* published a report in July 1985 stating that: "The FDA and the boards of inquiry agreed that 'the data established that the proposed use of aspartame will not cause or aggravate the type of diffuse brain damage associated with sustained high plasma levels of phenylalanine. Individuals with phenylketonuria appear to metabolise aspartame adequately'".

Hilary Sutcliffe

Nutrasweet Information Centre

Fun to shop,
say Numark

Numark are running a two-part promotion during October and November, to encourage young mothers with children to use their local Numark chemists.

The campaign will take the form of a painting competition, with the theme: "It's fun to go shopping," and youngsters will be invited to enter via their local Numark chemists. For every entry, which must be accompanied by two proofs of purchase, Numark will donate 50p to a local pre-school playgroup prize fund with a guaranteed minimum of £10,000.

The competition will be aimed at five-seven years and eight-11 years. Two hundred entry forms will be sent to Numark members in each of their October and November Salesline kits.

Prizes in the five-seven year old category will be 100 Reeves Colour Desks, each worth £11.50, and in the eight-11 year old category, 100 Kodak Ektra 90 cameras, each worth £19.95.



One hundred £100 cash prizes are also being offered to playgroups that enter a separate painting competition. Each entry will require 10 labels from any branded product.

The competition will receive editorial coverage in *Contact*, the Pre-school Playgroups Association magazine, and 20,000 posters will be circulated to playgroups throughout the UK.

In addition to coverage in 60 regional publications, the promotion will be featured in the *Sunday Post*, *Woman's Own*, *TV Times*, *Radio Times* (South West edition) and on Ulster TV. *Numark, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

Hearing aids from Duracell

Duracell UK are offering blister packs of DA 675 hearing aid cells to chemist.

Two DA 675 packs of three cells will be given away free with every case of MP/SP 675 and RM 13H mercury cells bought, and will be available to the trade from early October. *Duracell (UK) Ltd, Duracell House, Church Road, Lowfield Heath, Crawley, West Sussex RH11 0PO.*

For the ladies

Heartlands of London are launching their own range of condoms, packaged for the women buyer. Heartlands condoms (about £1.25, for five), lubricated with nonoxynol 9, are packaged in slim, heart patterned wallets. The company claims the product meets British Standard specifications and is expecting the BS kitemark shortly. *Heartlands of London Ltd, P.O. Box 1039, London NW10 9OW.*

MAVALA GO FROM STRENGTH TO STRENGTH

like the nails of millions of women worldwide

MAVALA NAIL CARE: INSERTION

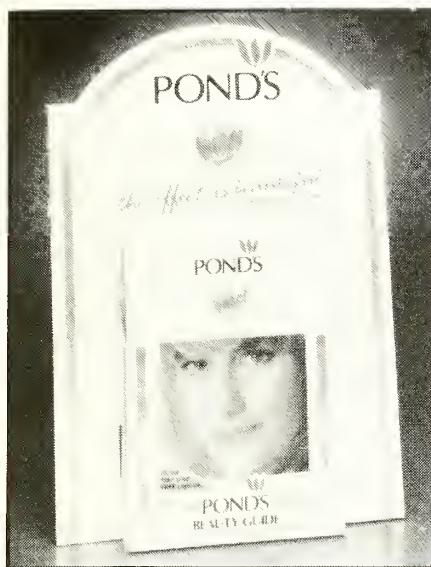
MAVALA SPECIAL HAND CARE: INSERTION



MAVALA

Are your stocks ready? Call your Mavala supplier now.
Or phone Mavala on 0732 459412 for details

Chemist & Druggist 26 September 1987



Pond's make a splash . . .

Pond's are launching a display drive from September 1987, aiming to show their new sign-off line — "Pond's — the effect is beautiful" — along with the new pastel multi-coloured tulip logo.

A "boutique" display unit which incorporates all the products and features the sign-off line and pastel colours will be available to over 200 chemists from the beginning of September. A co-ordinated shelf edger is also available.

A four page full colour leaflet illustrating products carries a coupon entitling the consumer to 25p off a subsequent purchase of any Pond's product except trial sizes. They are presented in a pos dispenser.

And Pond's beauty lotions are being introduced into the chemist trade in a pre-pack with 12 standard 150ml bottles retailing at £1.65 each and trial sizes of 50ml retailing at 59p each. *Chesebrough-Pond's Ltd, Victoria Road, London NW10.*

Bit of lip from Aquamaid

Aquamaid are introducing a new look for their lipstick sealer and fixative Lipcote. The pack changes from red to soft pink, highlighted with gold and white. The by-line is to change from "Lipcote — the lipstick sealer and fixative" to "Lipcote — transparent sealer for lipstick".

A new 14ml size pack is to be added to the 7ml size. Full details on how to use Lipcote will now appear on the back of the 14ml pack and on the inside of the 7ml carton. Aquamaid's "not tested on animals" symbol will appear on all new Lipcote packs. *Aquamaid, Larkhall Laboratories plc, 225 Putney Bridge Road, London SW15 2PY.*

Gillette make sharp time

During October and November Gillette's shaving division is running a joint promotion through chemist retailers, Numark, Unichem, and Vestric, on the theme of "Time".

The promotion combines price promotions, offers of a carriage quartz or voice controlled alarm clock and a competition, with the top prize of a Toshiba remote control compact disc player and five runner-up prizes of clock radios.

To qualify for the clock offer, chemists must order a minimum of ten items from the list of price promoted blades and razors. An order of an additional two items enables entry into the competition which has a tie-breaker.

There is no limit to the number of applications for free offers or entries to the competition provided the minimum order requirements have been met. These must be made on the official order form and returned before November 30, 1987.

An offer of two Plus blades on standard packs of 10 Contour Plus and GII Plus is available through October, depending on stocks. *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

Simplicity the key for K-C

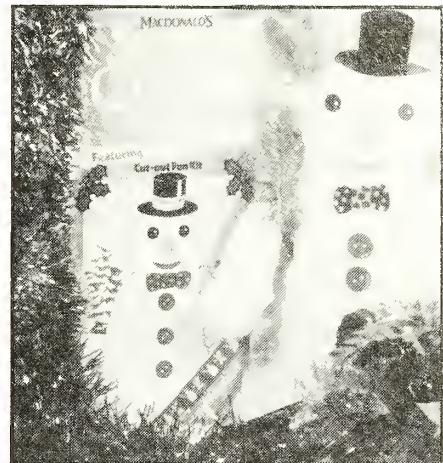
Improvements in product quality, new pack designs and £2m consumer advertising and promotional campaign herald the latest development phase of the Simplicity range.

New embossed, softer covers are being introduced for Simplicity 1 and 2 full sized press-on towels and Stowaway folded wrapped towels, while covers for Nightime and Brevia pant liners are softer.

Packaging for Stowaway and Brevia has been up-dated and Simplicity tampons have a new design and rounder ends.

A women's Press campaign starts in November with television advertising in December, January and February continuing the "Simplicity — take everything in your stride" theme. *Kimberly-Clark Ltd, Larkfield, near Maidstone, Kent.*

Farillon have been appointed by Combe International as sole distribution agents for their range of healthcare preparations. Orders should be placed with Combe in the normal way and Farillon will start delivery from October 1.

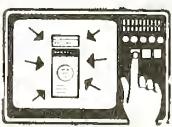


A seasonal touch is introduced with the Mr. Sno-man packs from the Macdonald & Taylor division of The Wellcome Foundation. Featured on the Simply Gentle 180gm super economy pleat, Mr. Sno-man can be assembled using cut-out shapes and cotton wool. *Macdonald & Taylor division, The Wellcome Foundation Ltd, Liam Mill, Fitton Street, Royton, Oldham, Lancs.*

In the picture

Konica's MR 70 dual focal length compact camera is to be succeeded by the MR 70 LX (£126.70 trade). The new camera has a one touch switch to change from the 38mm lens to the 70mm lens and back. It also has an LCD "instruction display". *Konica UK Ltd, Konishiruko House, Plane Tree Crescent, Feltham, Middlesex.*

ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland (central)
B Border	G Granada	Y Yorkshire
C Central	A Anglia	HTV Wales & West
CTV Channel Islands	TSW South West	TVS South
LWT London Weekend	TTV Thames Television	TT Tyne Tees
C4 Channel 4	BT TV-am	

Amplex deodorant:	STV, Y, C, A, TSW, TVS, LWT, TT
Anadin:	All areas, C4
Askit powders:	GTV, STV
Andrex:	All areas
Bic razors	Bt
Deb's soap dispenser	LWT, Bt
Deep Fresh:	Y, A, TT
Dettol:	Bt
Farley's rusks & cereals:	Bt
Fiesta kitchen towels:	All areas, C4, Bt
Flex:	All areas
Lipcote:	C
Macleans toothpaste:	All areas
Mylanta II:	G
Natrena sweetener:	All areas
Peadouche Babyslips:	Bt
Reach toothbrushes:	All areas
Sergeant's Rug Patrol:	G, Y, TVS, LWT, TTV, C4, Bt
Seven Seas cod liver oil:	GTV, B, Y, A, HTV, TSW, TVS, TTV
Simple skin care:	HTV, STV, GTV, B, TT, TSW, Y, U
Windcheaters:	TT

Golden touch for Silver Seal

A £5 million development programme has made Silver Seal the longest-lasting non-alkaline battery in the world, according to Ever Ready.

The internal space has been increased to allow for more active ingredients, resulting in more energy and a longer life, and the seal has been redesigned to improve leak resistance. Ever Ready say these changes have led to a 25 per cent increase in performance across the three main sizes — R20S, R14S and R6S — at no extra cost to the consumer.

Throughout November and December a £1 million Press campaign will run in every major national newspaper, Sunday supplement and general interest magazine, with the message that Silver Seal batteries last much longer. Next month, eight million homes throughout the UK will receive a "Price is right" leaflet offering instant win prizes and £1½ million worth of 5p-off coupons. Blister cards and pillow wrap packs of the three main sizes will reinforce the message.

Gold Seal will be supported by a £3 million national television advertising



campaign from November to the end of January, the time when a third of all batteries are bought. There will be a further £1 million burst in the Summer. The campaign theme is the same as last year — "The heart of the machine" — with a new commercial, and is targeted particularly at young people whose importance in the battery market is growing.

Another £2 million will be spent on promotions over the coming year, including free cassettes, free film and processing, and a loose insert in *TV Times* in December with money-off vouchers. *Ever Ready Ltd, 93 Burleigh Gardens, Southgate, London N14 5AN.*

message. *The London Herb & Spice Company Ltd, 18 Selsdon Road, South Croydon, Surrey CR2 6PA.*

Soft lights and Philips

Philips Lighting have launched a range of tinted, low glare light bulbs — the Softone Collection.

To be backed by consumer advertising, the range, in "hints of" pink, yellow, peach, green and blue (all £1.15, pack of 2), together with the Softone white (£0.99), is designed to enhance the colour schemes and generate less "glare", without any loss of light output.

Over £1m of Press and television advertising will support the launch from the end of October, aimed at 25-44 year old women. And POS material will be available from next week, say *Philips Lighting, PO Box 298, City House, 420 London Road, Croydon CR9 3QR.*

New look tea

The London Herb & Spice Company have introduced new pack designs for herbal teas.

The range now comes in vertical rather than horizontal packs and uses a bright coloured design with a "caffeine-free"

Family fun

Scott are launching an Autumn promotion on Andrex, Big Value Scotties and Fiesta.

Called Scott Happy Families, it runs between September and November. Some 9 million households will receive promotional leaflets which give consumers the opportunity to collect £1.25 worth of money-off vouchers and win one of seven family holidays. Shoppers have to collect proofs of purchase to claim the vouchers and enter the competition.

Says Nigel Thomas, Scott's sales and marketing director: "We estimate that shoppers will buy nearly two million Scott products to participate, with a further two million packs being sold when the coupons are redeemed." *Scott Ltd, Scott House, East Grinstead, West Sussex.*

During October, promotional prices apply to top brands in Unichem's Money Makers promotion. Brands on offer to members include: Aapri facial scrub, Colgate dental cream, Ponds cream, Sunsilk's new conditioning mousse, Strepsils throat lozenges and Gillette Blue II razors.

Frish gets fresh image

Levers have relaunched Frish toilet cleaner with a new look and an improved formulation. The fragrance and colour are retained.

Relaunch advertising, which starts with a new television commercial, will be broadcast nationwide. Door to door leaflets will offer a 10p coupon off either size of Frish, and sample bottles will offer 125ml for 15p. New Frish bottles will wear a collar flashed "Extra power, clings longer". Frish liquid will be available in two sizes, 500ml and 850ml, and will retail at £0.42 and £0.59 respectively. *Lever Brothers Ltd, Lever House, 3 St James's Road, Kingston-Upon-Thames, Surrey KT1 2BA.*

It must be glove

Nicholas Laboratories are running a new on-pack promotion to support Matey.

A special edition range of Matey glove puppets with six different characters are available in flat packs attached to Matey, Miss Matey and Clown Matey. Puppet



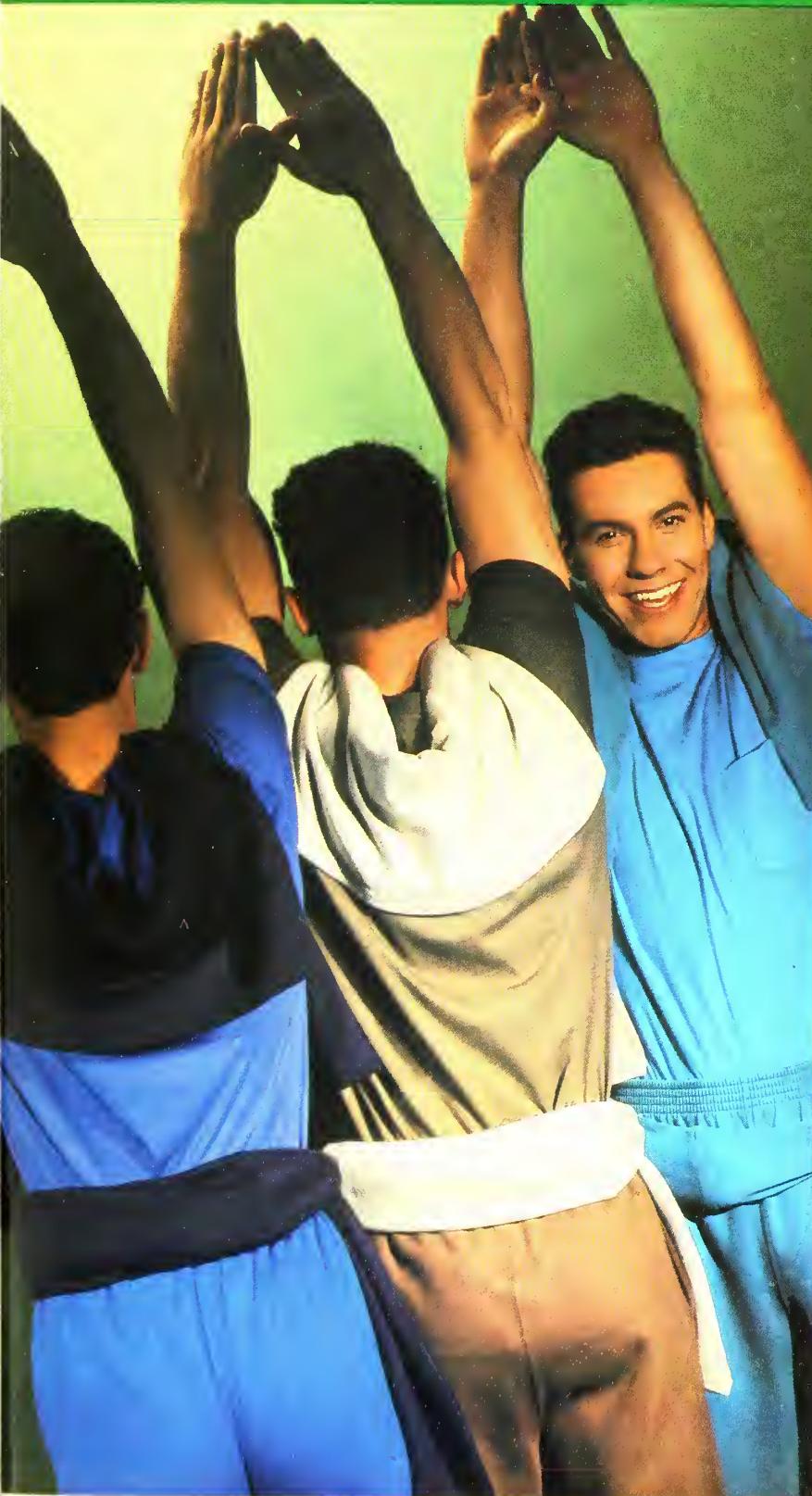
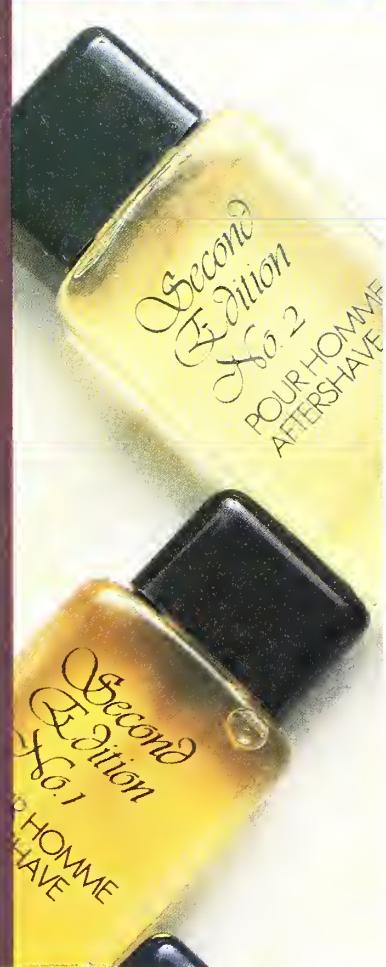
characters are joined by Robot M8E, Froggy Matey in green and red and the Matey Bubble Burster in red and yellow. The on-pack offer runs while stocks last. *Nicholas Laboratories Ltd, 225 Bath Road, Slough.*

Finnishing line

Panda bars, distributed by Pharmagen, are running a competition which offers a chance to win a trip to Finnish Lapland. It will be featured in the November editions of *Good Housekeeping* and *Here's Health* and in the *Observer* colour supplement and *Health Express* October editions. To qualify, children must buy three of any Panda bars. Distributors: *Pharmagen Ltd, Church Road, Perry Bar, Birmingham.*

gallery

second edition for men



The fastest-growing Cosmetic Company in the U.K.
● Over 70 colour cosmetic products ● Over 300 different shades. Also Second Edition Perfumes, Skin Care and Gift Sets. An exciting budget range of cosmetics offering high quality, high turnover and high margins. To find out more about becoming a Gallery stockist Telephone 0565 50491 NOW, or send Freepost coupon below (No stamp required).

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Tick appropriate box(es):

Please send product brochure and price list.
 Please send details of my local distributor.
 Please ask representative to call.

Name _____

Company _____

Address _____

Tel No. _____





Tin Man creaks up for Seven Seas

Seven Seas launch their "biggest ever" promotion for Pure Cod Liver Oil this month, worth £1m. A £750,000 television campaign breaks in October in the London area and will go national later in the year. Two commercials feature an elderly Tin Man with creaking fingers and joints, and the theme of both the 40 second and 10 second commercial is "Taking good care of yourself naturally". A Press campaign will back up the television advertising, and new POS material is available including foot-high tubs of Cod Liver Oil. *Seven Seas Healthcare Ltd, Marfleet, Kingston-upon-Hull HU9 5NJ.*

Dylon letting off more steam

Dylon are adding Oust steam iron descaler (around £0.65) to their range of descaling products.

Steam iron purchases now account for 75 per cent of the market, says the firm, which claims the descaler's formula removes limescale "in minutes". Display boxes of twelve packs are available from *Dylon International Ltd, Worsley Bridge Road, Lower Sydenham, London SE26 5HD.*

Giving away the trivia

This Autumn Scotch are giving away a free on-pack music trivia quiz on special five-pack BX, five-pack CX and three-pack XSII chrome audiocassettes.

The quiz contains 50 question cards divided into eight categories — LPs, Singles, USA, One Hit Wonders, 70s, 80s, Groups and Soloists. The objective of the game is to be the first person with 10 points. *3M United Kingdom plc, 3M House, PO Box 1, Bracknell, Berks RG12 1JU.*

Olympic moves from Kodak

Kodak have put together what they describe as their biggest and most exciting marketing campaign. It is linked with their sponsorship of next year's Olympic Games and centres around the Kodak Olympic Gold Collection.

The Collection combines over 40 leisure and pleasure products branded with Kodak's Collection logo. Items can be obtained by buying Kodak products to gain "points". A brochure detailing the Collection is being included in the October 28 edition of the *Radio Times* and a smaller version will be available through retailers with other POS material.

To start people on the Collection, from October twin packs of 100 ASA Gold film 135 24 and 36 exposures and 110 24 exposure are to carry an on-pack offer of one of four free gifts.

A £1m television campaign breaks on November 9 promoting Kodak's compact cameras. Press promotion worth £200,000 featuring three camera gift packs for the 35EF (£49.95 rsp) K4a (£39.95) and MD (£64.95) runs in the *Daily Express, Sun, Sunday Mirror* and *News of the World*.

In their compact camera range Kodak have added the S100 (£29.95) which features built-in electronic flash, fixed exposure, pre-focus and easy film load. There are two new 110 format cameras for Christmas: the Ektralite 10 (£19.95) in red or black with built-in flash and pre-focused lens, and the Star (£14.99 including film) again in red or black.

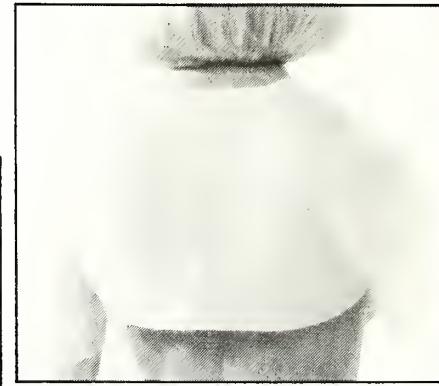
A range of designer camera cases (£5.95 each) in six colours and styles are being brought out for Christmas. To encourage people to collect the cases Kodak are giving retailers ten free with every ten ordered so they in turn can give one away with each one sold.

Kodak are offering a "triple feature" — three E180 tapes, one of which has the film version of "Moonlighting" recorded on it — priced at £12.99.

With packs of five Kodachrome 64 slide films 36 exposure there is to be a free E180 video tape (£37.45). Kodak see this as appealing to the larger photo stockists.

A black-and-white trial pack from the firm (£15 rsp) is available from October 1, containing T-Max film developer and Polycontract paper. A voucher for £5 off Polycontrast paper is included.

Kodak are adding zinc carbon batteries to their range. They are to be available next month. *Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts.*



Warming to angora . . .

A range of angora bodywarmers aimed at sufferers of aches and pains is being launched in the UK by the German company Medima.

The range comprises a shoulderwarmer (£25.50); backwarmer (£19.50); knee (pair, £19.50) and elbow warmer (pair, £17.50); all in four sizes: small, medium, large and extra large, and foot warmer (pair, £15.50). All the products are made from angora wool, shorn from rabbits bred on the company's own farm in Brazil.

A counter display box holds four of each garment, one in each size, with a header card emphasising the products' use in aches and pains. POS leaflets give information about the production of the garments, and highlight other areas of use: sports and outdoor pursuits, and outdoor work.

Consumer advertising is not planned, as the company believes their POS will stimulate impulse purchase. In countries where the range is already marketed, the back warmer takes 60 per cent of sales.

The range is being distributed by John Bell and Croyden, who are using the Unichem sales force as well as handling mail orders. *John Bell & Croyden, Wigmore Street, London.*

Soft & Pure promotions

Robinsons of Chesterfield are running an on-pack promotion on the Soft & Pure skincare range, during November and December.

The promotion will feature on 250,000 flashed packs of cotton wool balls, each containing a free sample of Soft & Pure make up Wipeaways, plus a coupon for 20p off the next purchase of Wipeaways. The promotion will be flashed on white and coloured balls, and on the 50s and 100s sizes, and continues while stocks last. The coupon closing date is June 30, 1988. *Robinsons of Chesterfield, Wheat Bridge Mills, Chesterfield.*

Special
Winter Stocking
Deals available now.
Phone Staines (01784) 65931 to arrange
priority visit from your Merrell Dow representative.



THE COMMON COLD. MEROPTHOL GIVES CLEAR RELIEF.

A common symptom of a common cold is a blocked nose, often accompanied by throat infection.

For the blocked nose, Merothol Lozenges contain menthol and eucalyptus, recognised for their decongestant properties. They can act rapidly to clear the nasal passages which become blocked by a cold and are released as Merothol is sucked, giving clear relief.

For the throat infection, the proven antibacterial agent cetylpyridinium chloride in Merothol simultaneously helps to soothe the irritated and inflamed

tissues of throat infections due to common cold. Merothol Lozenges have a wide antibacterial activity, and are pleasant-tasting.

Merothol. Clear relief for the nose and throat.

24 LOZENGES
ANTIBACTERIAL



WITH MENTHOL
& EUCALYPTUS

Merothol^(TM)

Merrell Dow

Clear Relief. Fast and Effective.

Merrell
Medicines
Confidence in pharmacy



Bristow keep a-head of times

Beecham Toiletries are updating the Bristows shampoos and hairspray ranges. The company has introduced a new fragrance throughout both ranges and brighter variant pack colours. The relaunch is designed to highlight Bristow's "shine benefit". Added-value offers on every pack — available during the relaunch period — will open an in-store programme.

The updated Bristows shine shampoo comes in three variants with, say

Beecham, an improved formula — for dry hair, normal hair and frequent wash — packed in 200ml opaque, plastic bottles. The added-value packs — each containing 250mls of shampoo — will retail at the normal in-store price of the regular 200ml size. Each will be flashed on label with "25 per cent extra free".

The hold and shine hairspray comes in three regular aerosol sizes: 125, 200 and 300mls. The variants include normal hair, dry hair (with conditioner), firm hold for flyaway hair and extra hold for hard to control hair. Brighter colours are displayed on a low reflective finish. The added-value packs — containing either 150, 225 or 350mls of hairspray — will retail at the normal prices of the regular 125, 200 and 300ml sizes, respectively.

Says Ian McPherson, Beecham Toiletries' marketing director: "Both the cosmetic shampoo and hairspray businesses of the UK are expanding at around nine per cent per year and are expected to turn over £98m and £105m, respectively, during 1987. We are confident that our relaunch will result in substantial gains for Bristows, with the hairspray leading the way." *Beecham Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Bertie slims for Bear Brand

Sixty years after their launch, Bear Brand and the Bertie logo have got a new modern look.

A new, more fashionable, slimmer Bertie will appear on modernised packs, now colour coded and with larger windows, says the company, who have a range of new shades and patterns.

The original Bear Brand factory opened in 1927 in Liverpool. Called Howard Ford, they manufactured silk stockings in nine different foot sizes and six different leg lengths at about £0.35 a pair, say *Bear Brand, 93-95 High Street, Bromley, Kent.*

BDC get seasonal...

BDC are running a gift token promotion this Christmas for retailers.

When purchasing £100 (trade price) worth of leading brand name goods on a single invoice, customers get a £2 gift voucher; £200 qualifies for £5 of vouchers, then £3 voucher for every additional £100

spent. A choice of gift vouchers can be redeemed at outlets such as Marks & Spencer, Victoria Wine, Dewhurst, Thomas Cook or on Christmas cracker marked goods in the *BDC Times*. BDC premium vouchers in units of £1 can be exchanged for any of their products.

And the distributors have launched a four-page colour guide to electrical health and beauty products. *BDC, BDC House, 550 White Hart Lane, London N17 7RQ.*

Herbal help

Vitalia are launching their own Helpline at Chemex.

It will be available to the trade, Press and public, and will answer questions on vitamins, minerals, herbal oils and teas, and their role in a healthy diet, on 0442 231155, or by writing to *Vitalia Helpline, Freepost, Hemel Hempstead.*

Rolling along

Unichem are to offer their own-label cleansing roll in a new size of 90g. It will retail at £0.48 (trade price, £10.71 box of 36 rolls), but during October will be on offer at £0.42 (trade price, £8.83). *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

Face facts with Deep Fresh

An on-pack promotion backs Reckitt & Colman's Deep Fresh products this Autumn.

A towelling face cloth will be given away with every promotion pack of shower gel and foam bath during September and October. The flannels are 12 sq in and will be shrink-sleeved to the pack. For shower gel and the cologne foam bath, the flannel will be in blue with a white logo, while a green flannel with a white logo will be available with the Pine foam bath.



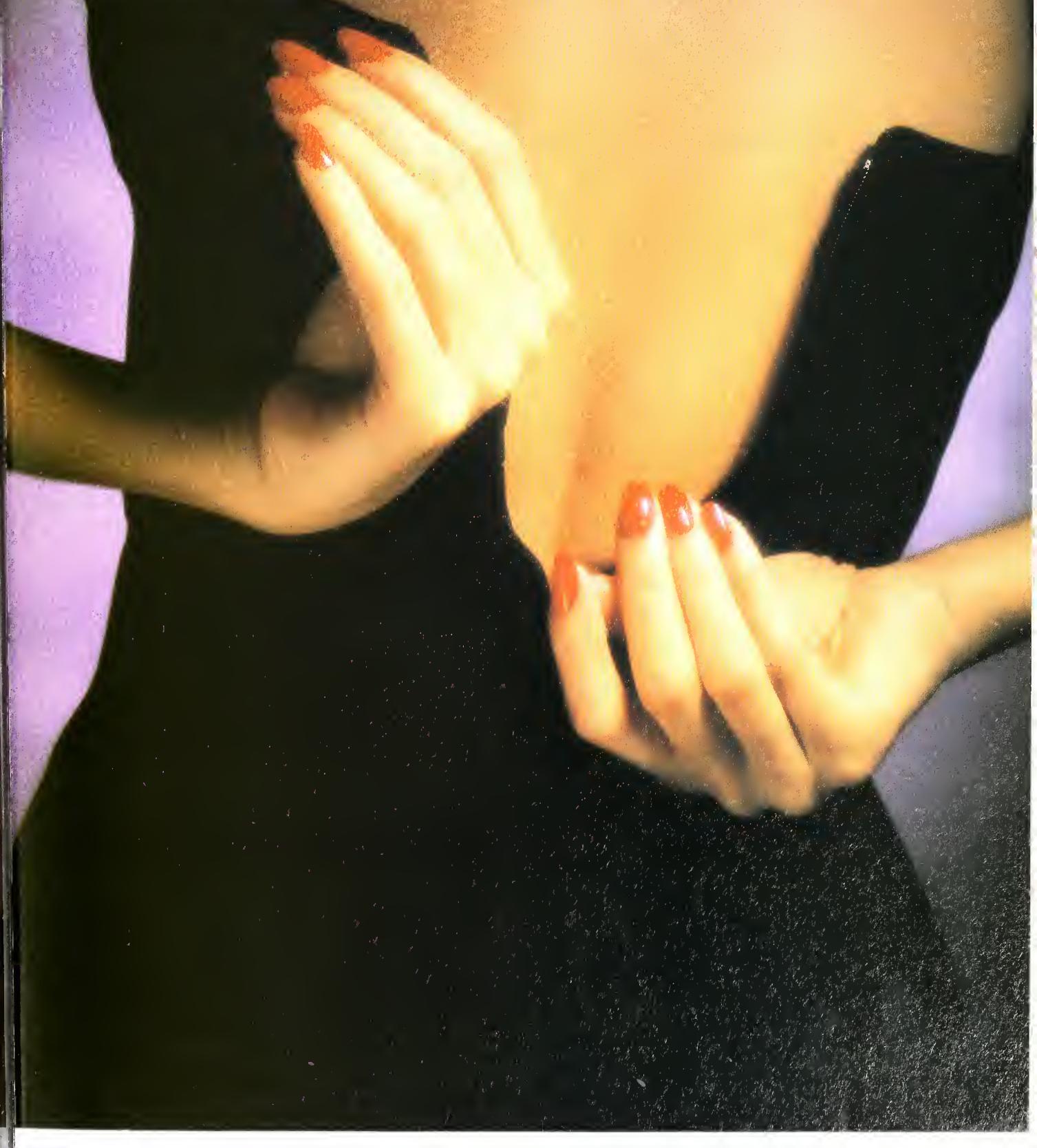
The promotion will feature the 200ml shower gel pack, together with the 250ml and 400ml packs of foam bath. To the consumer, the offer will be worth between 50p and 60p for every purchase, say Reckitt & Colman, who put the foam bath market at £61m a year, and claim the £19m shower gel business is expanding at a rate of 22 per cent each year. *Reckitt & Colman Products Ltd, Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.*

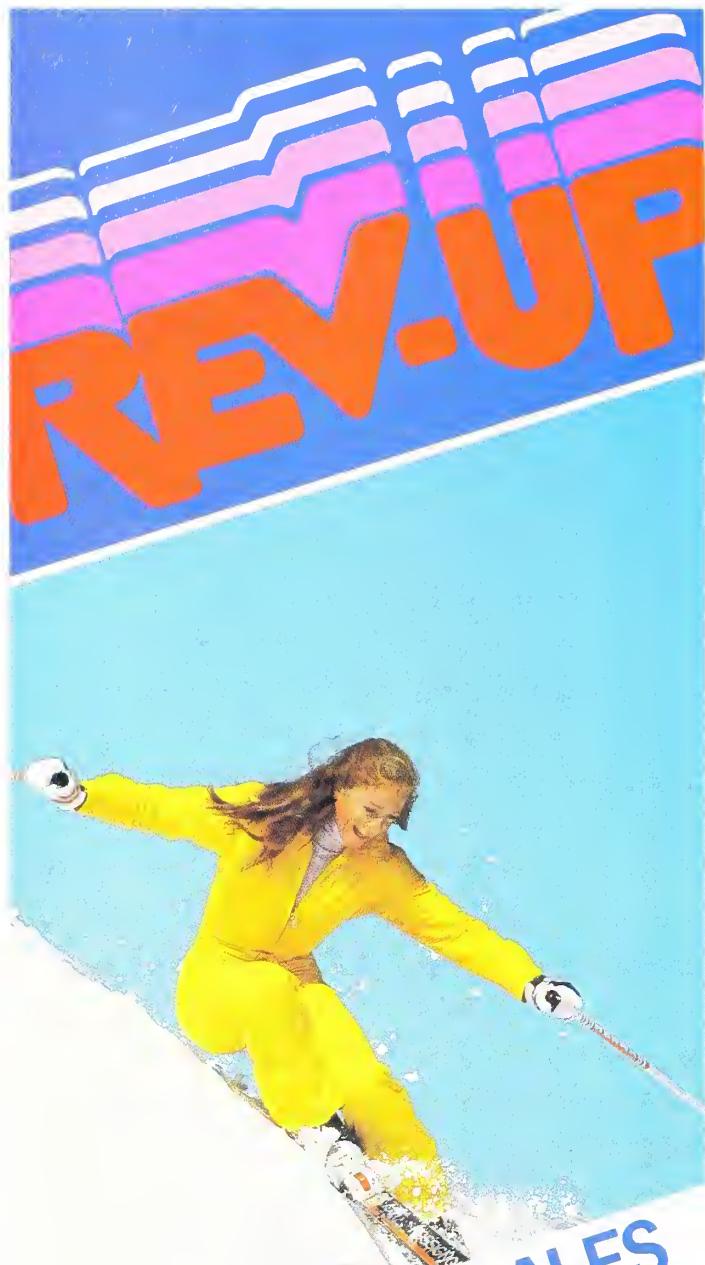
Seven Seas on screen

The Seven Seas Herbal Remedies range will feature in a six week television campaign on ITV and Channel 4 beginning this week. The 20 second commercial will be seen in Anglia and Tyne Tees initially.

The company sees this commercial as a breakthrough in the promotion of herbal remedies as it is the first time a television commercial promoting herbal medicine has been approved by the Independent Broadcasting Authority. *Seven Seas Health Care Ltd, Marfleet, Kingston-Upon-Hull HU9 5N1.*

Minutes from now
these hands will be...





Place your order now and rev-up your sales.

Contact Ernest Jackson & Co Ltd or its representatives for immediate supplies.

Lanes
TAKE IT TO THE LIMIT



Beecham home in on herbals for Vosene

Supported by television advertising and on-pack promotion, Vosene frequent wash shampoo is being re-introduced with a change of livery and a modified title: Vosene herbal medicated shampoo.

Makers Beecham Toiletries say the purpose of this shift of emphasis is to concentrate consumer awareness on the herbal nature of the Vosene medicated shampoo range's new second variant, while drawing attention to its herbal fragrance.

A special £1.5m television advertising campaign breaks in October, and at point-of-sale two promotions will be flashed on-pack: a 60ml Vosene herbal trial size — price-marked at 25p — plus a 150ml double-offer for both Vosene herbal and Vosene original. In addition to a coupon reducing the price-of-next-purchase by 10p, the consumer is offered a Vosene sports bag — by Mileta in water-proofed nylon — at £5.99.

"Vosene frequent wash was introduced to appeal to families who wanted the medicated benefits of Vosene in association with a more cosmetic fragrance," comments marketing director Ian McPherson. "However, we discovered that we were missing out on a substantial number of potential users, because the packaging did not highlight its herbal nature and fragrance clearly enough. The modified livery and new Vosene herbal title now convey these." Beecham Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.



Seeds on display

A new display unit for Carters' Wimpole Village range of seed for children will be available from November.

It has a colourful headboard featuring the village cartoon characters and holds the full range of five Wimpole vegetable (£0.42) and five flower (£0.45) varieties, say Carters Tested Seeds Ltd, Hele Road, Torquay, Devon TQ2 7QJ.

Pifco and Kodak click

Pifco are launching mini and big Clicker torches backed by a Kodak battery offer.

The black torches have swivel tops, highlighted in blue, which click the torches on and off. The mini (£2.50) measures 10 by 4cm, while the big model (£3.95) is 13 by 6cm and can house a crypton bulb. And they are being backed by a 25p off voucher for consumers' next purchase of Kodak batteries, say Pifco Ltd, Princess Street, Failsworth, Manchester M35 0HS.

adding to your profits.



Lee Press-On Fashion Nails are a revolutionary cosmetic product, distributed by Thomas Christy, that take literally minutes to apply.

First launched in America, they're now the choice of 80% of women in a market worth \$240 million.

Now, with the help of our initial £1.6 million advertising launch on television and in quality women's magazines, we're going to make sure your customers know just how good they are.

To start with, there's a choice of eight colours, specially selected to appeal to the widest range of women, either for daily wear or special occasions.

Colours that won't chip, flake or split, so they can be used time and again.

Once on, they can be trimmed and filed to whatever length required.

And the easy to apply replaceable pads make sure they stay on until the woman wants them off.

No wonder in a market that's already doubled in one year, Lee Press-On Fashion Nails are going to be your customers' choice.

To stock up – and get your hands on some extra profit – simply phone Christy on (0252) 29911 or write to Thomas Christy Ltd, Christy Estate, North Lane, Aldershot, HANTS, GU12 4QP.

New Press-On Nails by Lee. **Beauty at your fingertips**

Maalox breezes onto TV

Rorer Pharmaceuticals have added a 100ml suspension pack to the Maalox Plus range, retailing at £0.95. The brand has also been repackaged in new livery.

In Yorkshire Maalox Plus is being supported with a heavyweight television campaign using the theme "Indigestion is gone with the wind" and promoting its "fresh lemony taste and fast relief from indigestion and flatulence," say Rorer Pharmaceuticals Ltd, St Leonards House, Eastbourne, East Sussex BN21 3YG.

Making a mint

ICI are adding a mint variant to the Corsodyl mouthwash range. Corsodyl Mint contains 0.2 per cent chlorhexidine gluconate and is pharmacy only. A 300ml pack retails at £1.79. ICI Plc (Pharmaceutical Division), Alderley Park, Macclesfield, Cheshire SK10 4TF.

Out of the cold

Unichem are introducing Night Time and Day Time cold relief medicines.

Night Time cold relief is designed to help cold sufferers to sleep, while the Day Time preparation is claimed to relieve without causing drowsiness. Both are available in bottles of 210ml, boxed with a 30ml measure.

Both medicines will retail at £1.84 against a trade price of £6.10 for six bottles, with an introductory trade price of £5.03 in October. Unichem Ltd, Unichem House, Cox Lane, Chessington.

Taking a break

Smith and Nephew Consumer Products have announced a major on-pack promotion for Atrixo. The Atrixo weekend break competition, on cream and lotion packs, offers a "rub and win" format on-pack.

Three travel statements are made on pack, to be judged true or false. If correct, consumers win a voucher offering at least a £10 saving against a Rainbow Holidays winter break in the UK. By completing a tie breaker, consumers can go on to win one of seven prizes. There are two first prizes of a weekend in Rome, with five second prizes of a weekend in London. Smith & Nephew Consumer Products Ltd, Alum Rock Road, Saltley, Birmingham.

One-Alpha

Leo Laboratories are introducing One-Alpha solution, a ready diluted presentation of alfalcalcidol which will simplify treatment of neonatal hypocalcaemia and rickets and minimise dilution errors, the company says. It supercedes One-Alpha drops and One-Alpha diluent which are discontinued.

Manufacturers Leo Laboratories Ltd, Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.

Description A clear or slightly opalescent solution containing 0.2 micrograms alfalcalcidol per ml.

Uses Conditions where there is disturbance of calcium metabolism due to impaired 1 hydroxylation.

Dosage and administration Initial dosage: Adults 1 mcg/day Elderly 0.5mcg/day Neonates and premature infants 0.05-0.1mcg/kg/day children over 20kg 13mcg day. Children under 20kg 0.05mcg/kg/day. See Data Sheet.

Precautions protect from direct sunlight and store (below 15C).

Supply restrictions Prescription only

Packs Amber bottles of 60ml (£14.56

trade) with oral dispenser

Product Licence 0043/0133

Issued September 1987

Hypertane 50

Manufacturer Schwarz Pharmaceuticals Ltd, Schwarz House, East Street, Chesham, Bucks HP5 1DG

Description White, round, bevel-edged tablets marked "Hypertane 50" with break-line on the reverse containing 5mg amiloride hydrochloride and 50mg hydrochlorothiazide

Uses Antihypertensive and potassium-conserving diuretic. In patients with congestive heart failure, hypertension, or hepatic cirrhosis with ascites

Dosage Adults one or two tablets once a day or in divided doses, not to exceed four tablets a day. Children Not recommended. Elderly Use with care and adjust dosage according to renal function and clinical response.

Contraindications, warnings etc As for other amiloride/hydrochlorothiazide combination products

Side effects Sensitivity reactions to thiazides may occur. See Data Sheet

Supply restrictions Prescription only

Packs Cartons of 84 tablets (£6.34) in three calendar blister-strips of 28.

Polypropylene containers of 500 for hospital use only

Product Licence 0225/0064

Issued September 1987

Vamin Infant

Kabivitrum are adding Vamin Infant, a balanced mixture of all essential and non-essential amino-acids in the physiological L-form, for paediatric use.

It is indicated for the prophylaxis and therapeutic treatment of protein depletion in neonates and infants. It is prescription only and hospital only and available in bottles of 100ml (£3.80) and 500ml (£8.70 basic NHS prices). Product licence: KabiVitrum Ltd, Riverside Way, Uxbridge, Middlesex.

Squibb Surgicare are reintroducing a standard size, white, drainable pouch, the **System 2 Drainable pouch**. It is available on an FP10 in flange sizes 32mm, 38mm, 45mm, 57mm and 70mm. Each pack (£7.35 trade) contains ten pouches plus one clip. The **System 2 Combihesive Urostomy pouch** with accuseal tap is replaced with a clear film version. Squibb Surgicare Ltd, Squibb House, 141-149 Staines Road, Hounslow, Middlesex

Hoechst UK are launching a new amiloride/rusemide combination tablet, **Lasoride 28**, for the treatment of oedema and congestive heart failure. The tablets are yellow, 8mm in diameter and contain frusemide BP 40mg and amiloride hydrochloride 5mg. Each calendar pack (£3.86) contains 2 blister foils of 14 tablets. Product Licence 0086/0120. Hoechst UK Ltd, Hoechst House, Salisbury Road, Hounslow, Middlesex TW4 6JH.

Leo add **Pondocillin Plus** to the Pondocillin range. Each white, film-coated tablet contains pivampicillin 250mg and pivmecillinam hydrochloride 200mg. Bottles of 100 tablets costs £29.90 (trade). Product Licence 0748/0033. Leo Laboratories Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.

Upjohn are launching a new 800mg tablet in the **Motrin** range. Each orange, film-coated tablet contains ibuprofen BP 800mg, and is marked "Upjohn" and "725". Available in bottles of 100 (£12.24). Product Licence 0032/0134. Upjohn Ltd, Fleming Way, Crawley, West Sussex.

Glaxo are repackaging **Eumovate** plain and N/eye drops; **Betnesol** plain and N/drops for eye, ear or nose; and **Predsol** plain and N/drops for eye and ear. The new bottles are fitted with tamper-evident closures and sterility of the drops is now assured until the seal is broken, says the company. New packs will appear as old stocks are exhausted. Glaxo Laboratories Ltd, Greenford, Middlesex.

Are you giving your customers enough *Loving care*?



- Washes out after 6-8 shampoos, so reassuring to customers who don't want the irreversible effect of permanent colourants.
- Patented dyes give such superbly natural looking colour that no one need know your customers have grey hair.
- Unique product combining 100% grey coverage with semi-permanence and unsurpassed conditioning action.
- Contains no ammonia or peroxide so meets today's needs for healthier ingredients that won't damage hair.
- CLAIROL are telling all this to half a million women in informative point-of-sale leaflets offering 30p off next purchase.

Consistent share growth –
now the leading semi-permanent and third largest colourant brand

Leaflets available from your Bristol-Myers
representative so stock up NOW

You can sell when an ad's done well

Advertising done well can boost business a great deal. John Kerry, in the last of his present series, looks at what makes an effective advertisement and how to choose the media to use it to best advantage.

"Advertising gets results". Who says so? The people who sell advertising, naturally. A more fitting statement might be: "Using the right medium, a well thought out and executed advertisement can have the desired effect."

In simple terms, when planning an advertisement or campaign, the objective needs to be defined first and the restrictions in the Pharmaceutical Society's Code of Ethics borne in mind. Decide how much you are going to spend and then choose the medium which suits the objective and budget. Finally, make sure that the advertisement communicates the message clearly and if possible in a creative way.

It appears complicated and time consuming, as it often is. Not surprisingly advertising has grown into a huge industry, full of professionals willing and able to guide clients successfully through the minefield, for a fee. Most of the time advertising agents earn their fees, not only because their work brings in the harvest but also because they can help the well meaning amateur avoid expensive mistakes.

Local advertising, although by definition small scale compared to multi-million pound national campaigns, still requires careful thought and planning.

Retail pharmacists will find many reasons for advertising, but only one objective — to increase turnover. There are two ways of increasing turnover: either by attracting more buying customers into the shop, or by selling more to those who already call. Local advertising is generally designed to persuade customers of other shops that they should buy at yours.

Media

Local newspapers, free sheets, local radio, poster sites, buses, taxis, door-to-door flyers, local programmes, post offices, moving message displays, local guides, *Yellow Pages*, *Thompson* & so on. These are just a few of the type of local media available. Which one should be selected? This is where expert advice is often necessary. A friendly advertising agency or marketing consultant will probably help. Not only will they have the costs and audience/readership details at their fingertips, but you can also expect unbiased advice, most of the time.

Just because there are more papers than, say, radio stations and it is easier to get an advertisement into one of them, don't jump straight into newsprint without considering the other possibilities.

A tradesman can spend one or two thousand pounds putting the same tiny ineffective advertisement in the same newspaper every week alongside a dozen others. His money would probably have been better spent on door-to-door leaflets or a large ad in *Yellow Pages*.

Don't discount local radio either, especially if your commercial station is one of the smaller ones. Not only do they often have big audiences but also they can be very cost effective. What is more, their production staff are normally willing to produce a professional tape free of charge.

The advertisement

Design, copywriting, scriptwriting, artwork and production costs are often greater than the cost of space in a newspaper or time on the radio.

A simple format for an advertisement can often be: Attention getter plus message, rounding off with a call for action. Similarly advertisements can be of the problem, solution, reward type. An example of a local advertisement following this format might be: "Do you have problem hair? We have a wide range of products — one of them will be ideal for you. Call in and get free advice from our expert staff. We can arrange a free hair analysis test".

It is worthwhile considering that few advertising campaigns will directly lead to a measurable increase in turnover, the extra profit from which will pay for the advertising. Generally speaking, the heightened awareness created by a well planned campaign will benefit the business in the long term.

Communicating

1. **Attract attention:** Bland and boring ads are ignored. Even exciting ones may only attract a few seconds' attention. These few seconds are vital and, to have impact, ads need bait. A product in demand, a very special offer, a common problem, a humorous cartoon, a bold statement.

Something designed to draw the eye, or in the case of radio advertising, the ear.

This type of advertising is very much like fishing. The bait draws attention, they get hooked on the strengths and advantages and are hauled in by the action line.

2. **Communicate the message.** What can a shop say to potential customers, that will persuade them to change their shopping habits? "Lowest prices in town" — we're cheaper. "Same day services" — we're faster. "Local agents for...." — we're more convenient.

Use your strong points and your specialities in advertisements. These are the messages which will help attract potential customers.

3. **End with a call for action.** Everybody in marketing agrees that telling isn't selling: a poor representative *tells* you that his company now makes a larger more convenient pack. A good salesman *sells* you an outer.

Likewise an advertisement must both tell and sell. The latter is achieved with a call for action, the real objective of the advertisement. For example "pop in and buy a pack", bring your film to us tomorrow", "come in and talk to our qualified consultant" or "try the product for a week and prove it to yourself".

John Kerry has been in pharmaceutical marketing for 20 years including, most recently, four years as Vestric's marketing manager. For the past three years he has been running his own company, Kestrel Marketing and Promotions, providing marketing services to retail pharmacy business and those serving retail pharmacy.

- 1 Get *Professional help* from an advertising agent or marketing consultant. If Saatchi and Saatchi can't handle your business, find a company who can.
- 2 Have a clear objective and ensure that each and every ad is designed to help achieve it.
- 3 Choose the right advertising medium. The cheapest may turn out to be the least effective while the easiest to buy may be equally wrong. If in doubt test each to measure the effects.
- 4 Ensure that the ad is well structured, to *sell* not just *tell*. A successful ad needs to *attract attention*, give a *concise message* and end with a *call for action*.

Help Yourself



Now you can improve sales of the leading nasal decongestant by displaying Otrivine GSL packs amongst all the other GSL remedies.

However, with Otrivine there is one important difference, Otrivine is only obtainable at pharmacies, so your Otrivine customers will stay pharmacy customers.

Help yourself by letting your customers help themselves to Otrivine.

Otrivine

Up front the fastest selling nasal decongestant.

C I B A

CIBA Consumer Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex
'CIBA' and 'Otrivine' are registered trade marks.



CHARLES
Holley

You'll be surprised to learn the name behind so many number ones.



Names such as Optrex, Nurofen and Farleys are very familiar to you.

No great surprise really, as they are all brand leaders.

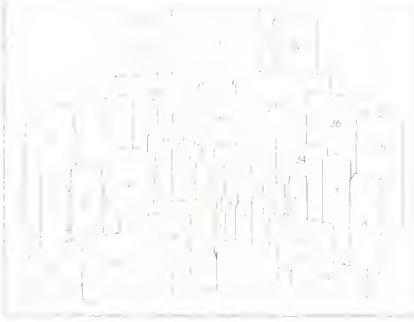
Just like Karvol, Strepsils, Complan, Sweetex, Cream E45 and PR Spray.

But look behind all these number ones and you'll find the name of Crookes Healthcare, the number one healthcare company.

It's a new name for a company with a long, long tradition.

As for the future, we look forward to working closely with you, sharing success and good health.

And, if we could be so bold, becoming business buddies.



1 — Crookes Healthcare



Behind the best names.

Insidious distinction

Q. There appear to be conflicting opinions about whether or not Parkinson's disease is hereditary. A lot of people say they have a relative with it. Has any research been done on this?

A. Important research has been done on the question of heredity and Parkinson's disease for the past two or three years, mainly based on looking at twins. This work was initiated in the United States and, thanks to people who have responded to requests in the Parkinson's Disease Society Newsletter, we have also looked at twins in this country. Finnish research workers have collected data from twins in Finland. If Parkinson's disease is hereditary, both identical twins should be affected. If Parkinson's disease is not hereditary, then if one identical twin has the disease the chances of the other twin getting it should be no different from the normal population; the latter turns out to be the case. So the contribution of heredity to Parkinson's disease is almost nil and probably is nil. Many people say another member of the family is affected but it is such a common disease that by chance, in any large family of three generations, you would expect one or two people to have the disease.

Q. Can you explain why some sufferers from Parkinson's disease know when their medication starts working while others have a smoother reaction, not knowing when their medication begins or ends its control? And how is this affected by diet?

A. It could be said that all patients first starting treatment for Parkinson's disease have a sustained response to l-dopa, so that they don't notice each dose taking effect but are better generally throughout the day. One of the problems emerging with time is that the dose begins to work only for a limited period which becomes shorter and shorter, with patients fluctuating from mobility to immobility.

Word from America seems to be that diet is important. Over here we seem to think this is not the case.

Undoubtedly some patients who have developed this fluctuating response can clearly relate periods in which the drug doesn't work to the intake of food. The reason is thought to be that l-dopa has a specific carrier site which also carries other forms of proteins into the brain. So if they take a large protein meal the other proteins will compete for entry and will appear to stop the drug working. This suggests that patients who develop fluctuating responses and who are sensitive to food intake, should try to cut down protein.

Parkinson's Disease affects about 1 in 1,000 people but is particularly prevalent in the elderly — about 1 in 200 are affected. As mentioned in C&D's Clinical Pharmacy series (June 27, p1285) the disease has an insidious onset, with slowly progressive non-specific signs which can, in the early stages at least, easily be mistaken for creeping old age. While drug therapy for symptomatic relief of Parkinson's Disease is well established, there are other problems for which pharmacists may be able to offer help. Here we present some of the most frequent inquiries put to the Parkinson's Disease Society.



'...it is such a common disease that by chance, in any large family of three generations, you would expect one or two people to have the disease'

Q. Is there any pain with Parkinson's disease?

A. Pain and muscle cramps are sometimes a feature of Parkinson's disease which is not generally acknowledged. The pain is not due to the disease itself but to changes in the tone and tension in the muscles and should not be misconstrued as a worsening of the disease, but as secondary effects. Keeping the limbs mobile will tend to decrease this type of pain, and help and advice from a physiotherapist can often be extremely helpful. If necessary a pain killer such as ibuprofen can be taken and if the legs are affected at night a cradle to keep off the weight of heavy bed clothes can also be useful.

Q. What is the cause of Parkinson's disease? Is it due to an old head injury, sudden bereavement, being in a motor accident, stress, or some over traumatic experience.

A. The following is a quotation from a book "Parkinson's disease: The Facts" by Dr Gerald Stern and Dr Andrew Lees: "At present our understanding of Parkinson's disease remains rudimentary and we are obliged to consider and evaluate any speculation, no matter how improbable, until the fundamental mechanisms are understood. At present, the reliable 'facts' state that for a small minority of patients with Parkinsonism the cause is known with reasonable confidence — drug induced reversible disease as a consequence of taking certain medicines, following an inflammatory disease of the brain, and after intoxication with certain industrial poisons — but for the vast majority of the sufferers the primary cause is as cryptic today as it was for James Parkinson."

Q. Please comment on the difficulties caused by excess saliva and suggest how this problem can be minimised.

A. Excess salivation occurs because of the sluggish swallowing reflex and may be reduced by drugs, such as Artane. Many people benefit from help by a speech therapist.

The Parkinson's Disease Society can be contacted at 36 Portland Place, London W1N 3DG.

This is one of a series of articles based on the most frequent questions put to patient self-help groups. Pharmacists may also find themselves challenged with similar questions.



Kevin Wilson, head of sales and marketing



Crookes launch new corporate name

Crookes Healthcare, previously known as Crookes Products, this week announced their new corporate name for the company.

Expansion and growth in the '80s

Dramatic expansion of the Crookes Healthcare portfolio arising from organic growth, new product development and acquisitions has resulted in the emergence of a company well-able to meet future challenges in family healthcare markets.

Kevin Wilson, head of sales and marketing, for Crookes Healthcare, announced this latest development on September 22. Mr Wilson explains that while the company has enjoyed a 500 per cent growth of turnover during the last five years, the new company name "encompasses the Farley and Optrex brands and provides us with an excellent opportunity to increase trade and consumer awareness of the company behind the best names in healthcare. Crookes Healthcare is the number one for family healthcare and we will be going all out to get that message across".

Support for pharmacists

Historically Crookes Healthcare are well-known for their pioneering medical developments, a fact which has always stood them in good stead with pharmacists. Crookes have always supported the pharmacist, who in turn has contributed significantly to the development of the

brands. Encouraging such a productive relationship remains a cornerstone of the Crookes philosophy.

Medical pioneers since the 1920s

Crookes Healthcare have been responsible for a whole host of technical achievements since the 1920s. The manufacture of Collasol Argentum was closely followed by the development of Crookes Halibut Liver Oil, revolutionising the approach to child health and vitamin-deficiency growth problems.

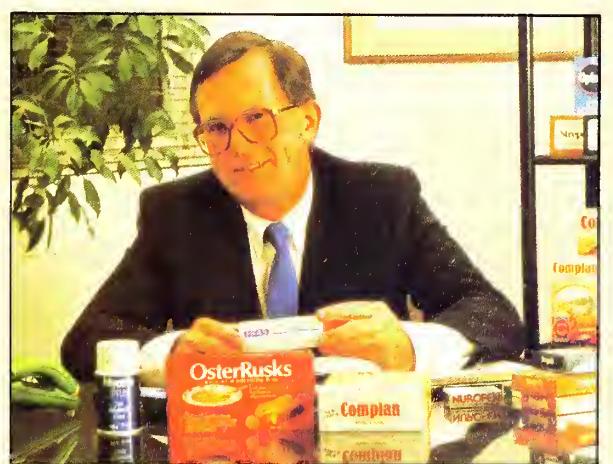
By the end of the Second World War, Crookes Healthcare had established itself as technically advanced and innovative.

Dr Malcolm Phillips, UK marketing manager says:
"Crookes Healthcare has grown dramatically in recent years and now we're number one we have every intention of carrying on the dynamic growth pattern."

Now 'number one' in the healthcare

Crookes Healthcare are the biggest selling healthcare company in Britain, supplying 12,500 pharmacy and drug outlets — and that's official. In a recent independent audit conducted by a leading international research company, Crookes Healthcare emerged as number one.

Says marketing manager Dr Malcolm Phillips: "We were never in any doubt that we would get to number one — just look at our big names — Nurofen, Strepsils, Karvol, PR Spray, Mycota, Sweetex, Farley's Rusks, Complan and Cream E45 — each one a market leader."



Nurofen – breaking barriers in pain

Proof of Crookes Healthcare's commitment to family healthcare is Nurofen, a product with a background of ten years research and development work and 14 years of medical and prescription-only use. Nurofen was finally approved for Pharmacy only sale in 1983.

Nurofen contains ibuprofen, the new alternative to aspirin and paracetamol. Its three-fold action of relieving pain, reducing inflammation and lowering temperature, make it the most important non-prescription analgesic to appear in the last 25 years.



Home grown with pride

Not unnaturally Crookes Healthcare are proud of this latest home grown innovation. In recognition of his achievement Professor Stewart Adams has been awarded the OBE and Crookes' parent company received the Queen's Award for Technological Achievement in 1985.

Increasing public awareness

An extensive publicity campaign has been undertaken to ensure that pharmacists and consumers alike fully understand the product's benefits. Included in the publicity campaign are seminars with school nurses, with pharmacists and their staff, and attendance at exhibitions such as Chemex.



Optrex – the big eyeopener

Optrex is a real eyeopener. It's no wonder Crookes Healthcare are proud of the brand — consumers recognise it as the authority in eyecare.

Few markets are dominated by one product and even fewer have brands such as Optrex which enjoys an 80 per cent brand share of the market — not bad going for a product that's nearly fifty years old!

Crookes Healthcare demonstrate their commitment to Optrex as brand leader with heavyweight promotional packages. This year a £1.3m television campaign will be backed by £150,000 in the Press.

Sweetex – the fastest selling sweetener

Crookes always knew Sweetex was a winner but even they have been surprised by the brand's success since its launch in 1964. Retailers now find they can't stock it fast enough — Sweetex now moves faster than any other sweetener and overall it's Britain's biggest seller. And now there's new Sweetex granulated with Natriblend to look, cook and taste like sugar.

So when customers want to sweeten up without adding calories, retailers can count their profits. No wonder retailers are switching to Sweetex!



Karvol — noses ahead

Pharmacists take note — Karvol the safe, gentle and effective nasal decongestant available only through pharmacies, has nosed ahead of the competition. Karvol is now brand leader with 36 per cent share of the decongestant inhalant vapour rub market.

And there are good margins!

Full support package

Pharmacists will also appreciate the full support package for Karvol. Full-page colour advertising throughout the Winter period in the Mother and Baby Press, national television, four-sheet posters and first-time advertising in "Bounty Book" will be backed up by an extensive public relations campaign based around the Karvol Information Service.

Karvol will be present at professional and consumer exhibitions such as the Health Visitors Conference and the Nursery and Toddler Exhibition.

Not forgetting a new display unit which holds both the 10s and 20s packs.



Cream E45 — 20 years of success

After 20 years of sale Cream E45 continues to reward consumers with its effectiveness and the trade with its astonishing growth rate. In 1986-87 in the independent pharmacy trade alone Cream E45 grew by 40 per cent. The brand has doubled in size in the last three years.

Experts view

Crookes Healthcare put Cream E45's incredible success down to pharmacists and medical professionals who recommend it to soothe and relieve dry skin problems. Usage grows and becomes regular as more users appreciate its effectiveness and versatility.

Plans to increase awareness

Crookes Healthcare will again be supporting Cream E45 to increase awareness and trial. A massive sampling scheme through national women's magazines like *Woman's Own* is being run.

Professional mailings are undertaken to chiropodists and other health professionals.

And now HC45 has been launched to accompany Cream E45, increasing the area of treatment to include inflammation and irritation. A continual programme of promotion is planned to consolidate and build on HC45's early brand leadership.



David Farrar, general sales manager

Trade looks to Crookes Healthcare for loyal consumers

Crookes Healthcare proved themselves in the field of expansion through acquisition with the 1986 purchase of Farley's. Retailers have welcomed the acquisition as consumer purchasing in the babycare market paves the way for long term custom.

Research has shown that first time mothers will remain loyal to the retailer who provided her with her baby's OsterMilks and weaning foods such as Farex and Farley's Rusks. The recent launch of Breakfast Timers indicates Crookes Healthcare's commitment to expanding this market sector.

"Trade response to Breakfast Timers has been excellent but perhaps it is only to be expected. Such opportunities backed up with terrific promotional support don't go unnoticed for long!", says David Farrar, general sales manager.

One step ahead

The now famous brand names in the Crookes Healthcare portfolio have brought the company to the forefront as number one in family healthcare. Couple this with a determination to keep one step ahead of health and self-medication trends, as Crookes Healthcare have always done, and you've got a winner!

Getting to you faster

Crookes Healthcare now have their own distribution fleet of liveried lorries. Not just better service with a smile — it's now a faster and better service.

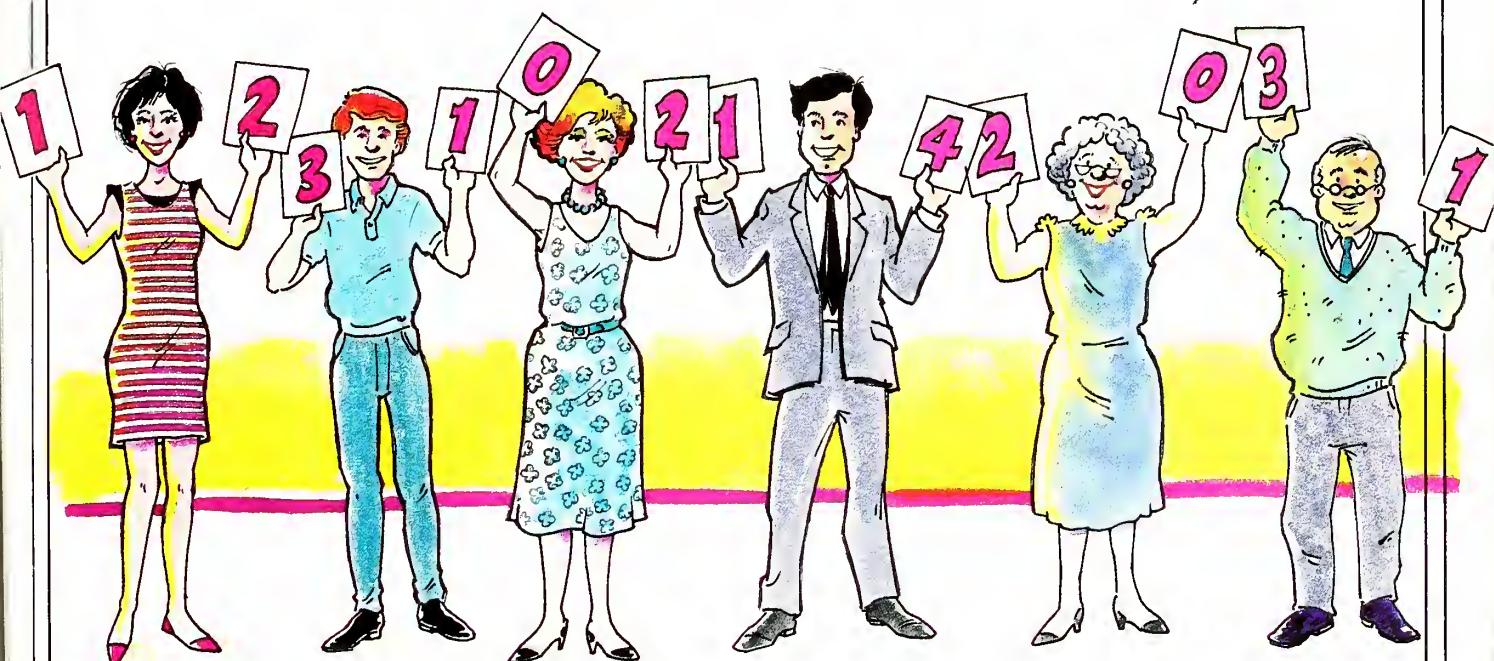
75-year-old becomes top of the pops

Crookes Healthcare's recipe for success has stood the company in good stead and this year Crookes Healthcare has got good reason to celebrate. Not only is it the company's Diamond Jubilee but Crookes Healthcare have now reached the number one position in the healthcare market. Not many 75 year olds become "Top of the pops!"



Who's heading the list in the OTC medicines sector?

Who are the best sellers in the OTC medicines sector? With the help of market researchers Syndicated Data Consultants, C&D looks at the top performers in the market, along with market sizes and year on year growth. Figures represent the year to June 1987, and show the best selling brands for each sector in the OTC field.



Analgesics: Top 10 Brands

Market Size: £106m +8 per cent

1. Anadin	5. Hedex
2. Nurofen	6. Solpadeine
3. Boots Paracetamol	7. Panadol
4. Disprin	8. Aspro

Cough Medicines: Top 10 Brands

Market Size: £64m +7 per cent

1. Benylin	4. Boots
2. Actifed	5. Buttercup
3. Venos	6. Covonia

Vitamins: Top 10 Brands

Market Size: £64m +4 per cent

1. Sanatogen	4. Seven Seas
2. Healthcraft	5. Redoxon
3. Plurivite/Boots Own Label	6. Superdrug Own Label

Indigestion Remedies: Top 10 Brands

Market Size: £38m +9 per cent

1. Rennies	4. Alka Seltzer
2. Andrews	5. Bisodol
3. Setlers	6. Milk of Magnesia

Specific Cold Treatments: Top 10 Brands

Market Size: £32m +11 per cent

1. Lemsip	4. Beechams Powders
2. Beechams Hot Lemon	5. Boots
3. Beechams Tablets/Capsules	6. Beechams Day/Night Nurse

Decongestants/Nasal Sprays: Top 10 Brands

Market Size: £17m +6 per cent

1. Vicks Sinex	4. Mucron
2. Karvol	5. Contac 400
3. Sinutab	6. Sudafed

PAINS?



For men
and women

**ANGORA
WARMERS**

help where it hurts!



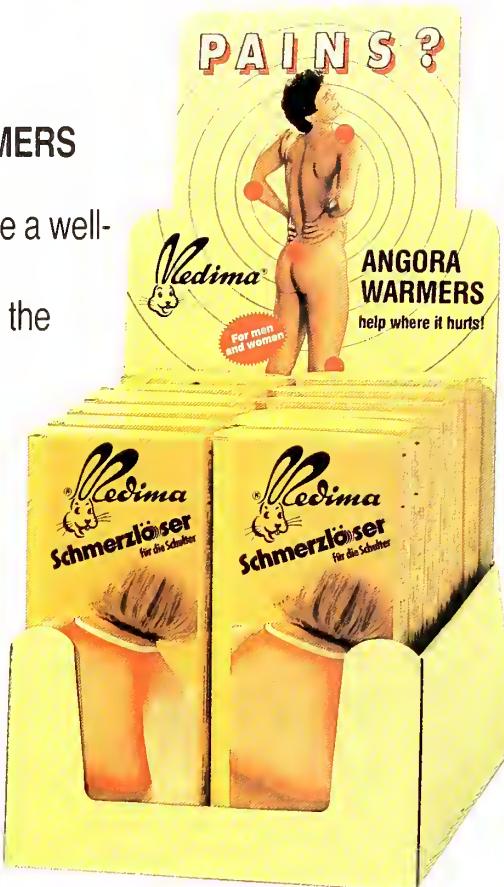
INTRODUCTORY OFFER



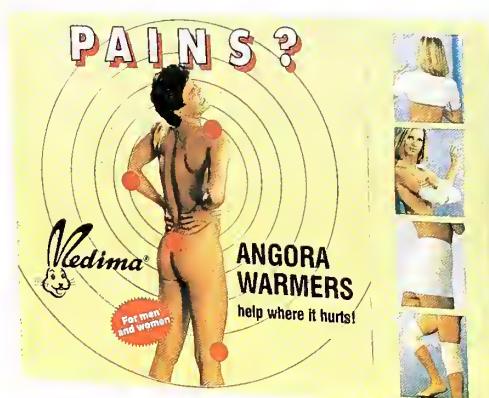
made in West Germany, are a well-known brand name on the continent. The efficiency of the MEDIMA - Warmers are proven scientifically and medically.

0 million people in the UK suffer from rheumatic conditions.

You can help them! Take advantage of this opportunity for your business!



Counter-Box
contains
12 assorted
pieces



Window display



Fifty pieces
8 page full coloured
leaflets in each box.

Order from John Bell & Croyden, 54 Wigmore Street, London W1H 0AU, Tel. Nr.01-935 5555

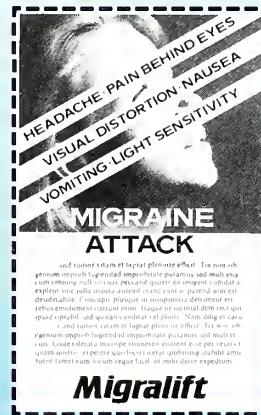


MEDIMA Counter-Box includes:	SRSP
5 Back-Warmers	@ £ 11,80 = £ 59.00 £ 19.50
4 pairs Knee/Elbow-Warmers	@ £ 11,80 = £ 47.20 £ 19.50
3 Shoulder-Warmers	@ £ 15,40 = £ 46.20 £ 25.50
Delivery address	total £ 152.40 + VAT No delivery charge

Migrantlift

LIFTS OFF WITH FULL NATIONAL SUPPORT

- £300,000* splashed right across the national press
- Over 64 insertions across the eight month launch period
- Educational approach diagnoses migraine to help the 70% of migraine sufferers not currently consulting their doctor.
- Campaign aimed at over 5¾ million potential migraine sufferers.



Plus Consumer leaflets and eye-catching P.O.S.

Migralift

Especially formulated to lift migraine fast

***Rate card**

Migraine: tips for treatment

One simple and occasionally effective piece of advice for migraine sufferers is to eat.

Low blood sugar levels are a potent trigger factor for migraine attacks. People prone to migraine should not skip breakfast or lunch but should eat small, frequent meals. Some sufferers who wake up with migraine have been helped greatly by eating something substantial before going to bed, preferably complex carbohydrates that are high in fibre and take a long time to break down. Anyone who wakes with a migraine should try to eat, even if it's the last thing they feel like doing.

Trigger factors vary from one individual to another and there is no universal factor which sets off migraine in all sufferers. Chocolate, cheese, alcohol, citrus fruits, tea and coffee are often blamed but doctors at the City of London Migraine Clinic have found that sensitivity to foods is not nearly as common a trigger as lack of sleep or too much sleep, stress, not eating enough, or tension in the neck and shoulder muscles.

The doctors' advice to migraineurs who think a certain food is responsible is to avoid the food for long enough to see if there is any noticeable difference. For example, if they suffer migraines once a month, they should

exclude the food for over a month and see what happens. If the migraines still occur at the same frequency there is little point in cutting out the food.

Some women have a marked tendency to premenstrual migraine but the numbers who suffer every time a period is due are rare. The "pill" can sometimes make migraine worse but the condition tends to get better in the second and third trimesters of pregnancy. Other trigger factors are excessive tiredness, heavy exercise, travelling, driving, bright lights, loud noises, cold winds and certain smells, particularly pungent ones like onions or perfume.

Often a combination of factors is involved and a patient's susceptibility may also depend on his or her general physical or mental state; a woman who can eat chocolate with impunity when relaxed and happy may find chocolate triggers off a migraine when she is stressed or

premenstrual.

The City of London Migraine Clinic has several hundred patients on its books. Most have been referred by their GPs; others may come for treatment if they are in the area when they feel an attack coming on.

The doctors tailor their advice to individual patients after a lengthy discussion about what is likely to be causing the migraine. Patients are advised to re-organise their lifestyles to avoid all possible triggers and if muscular tension is a problem to treat this by massage or exercises. If they still have frequent attacks — two or more a month — they may be given prophylaxis with propranolol, pizotifen or clonidine.

It is essential to start treatment as soon as the patient feels an attack coming on. Gastric stasis produces nausea and impairs the absorption of analgesics. For this reason metoclopramide may be given just before or together with a simple analgesic to restore gut motility; if given orally, metoclopramide must be taken before gastric stasis occurs as it works systemically. Other anti-emetics such as buclizine taken at the first signs of an attack will alleviate nausea and enable analgesics to be absorbed before vomiting occurs.

At the City Clinic the favoured treatment is metoclopramide 10mg given at





the first sign of an attack followed by three aspirins ten minutes later. If this fails, ergotamine may be given, a drug which is still considered useful if used carefully and correctly. It is important not to exceed the specified dosage, both per attack and weekly, as this could lead to ergotamine-induced headache and nausea, as well as the other more well-known toxic effects.

Having been given appropriate treatment, patients are advised to go to bed and try to sleep off the attack.

With the increased awareness about taking unnecessary medicines, there is a danger of patients delaying treatment for too long, in which case it fails to work. Patients are advised that the medicines used in migraine are safe when taken correctly and if taken early they will be more effective so the overall dose will be less. Although patients may have their pet analgesics, soluble aspirin is recommended as first choice.

One of the benefits of treatment at the clinic is that the doctors make time for advice and reassurance, because many aspects of migraine management rely on common sense.

What is migraine?

There is still some dispute about what constitutes migraine and what does not.

The generally accepted view is that migraine can be distinguished from other headaches by its duration — from two hours up to two or three days — and the associated visual or gastro-intestinal disturbances.

In classical migraine there are warning signs — the aura — preceding the headache, usually flashing lights before the eyes, dazzling zig-zag lines and blind spots. Sometimes there is tingling and numbness in one side of the body. Some sufferers experience warning signals as early as the day before the attack. These more vague sensations include excessive energy, elation, depression, thirst, food cravings, yawning or drowsiness.

The headache is severe, usually one-sided and throbbing. It is accentuated by movement and most people need to lie quietly in a darkened room, particularly as sensitivity to noise and light is common. Indeed, sufferers sometimes claim that anything short of incapacitation is not a true migraine. There is loss of appetite with nausea leading to vomiting.

In common or simple migraine there are no warning symptoms.

Cluster headache occurs as bouts of

severe pain in and around one eye, spreading to the forehead. The eye may become red and watery and the nose run. The attacks usually last between 20 minutes and two hours and may occur daily or several times a day, unlike migraine which occurs at intervals and usually not more than two or three times a week.

Tension headache is usually situated at the back of the head and radiates over the head (see p628).

When to refer patients

Some people coming into a pharmacy wanting "something for migraine" have suffered before and have a family history of the complaint. If it is the first time they are experiencing a severe headache associated

with nausea and vomiting and perhaps neurological symptoms they should be referred to a doctor as the symptoms could indicate more serious intracranial disease.

Self-help group

The British Migraine Association is a charity run by migraine sufferers, their families and friends. Because they believe too many migraine sufferers are not receiving the help that is available, they spend time and money disseminating information about treatments. Subscription is £2 per year, for which free leaflets and newsletters are available. 178A High Road, Byfleet, Weybridge, Surrey KT14 7ED.

UNDER THE SCANNER

Doctors are challenging the long held view that migraine results from vascular changes in the brain.

For over 50 years it has been thought that the aura which precedes the migraine attack results from constriction of blood vessels leading to the brain and that the headache results from vasodilation.

Preliminary work with a new SPECT (single photon emission computer tomography) scanner at the Princess Margaret Migraine Clinic, Charing Cross Hospital, London, suggests that this theory may be wrong after all. Brain scans of 15 patients suffering from acute tension headache, migraine or cluster headache failed to show an increase in blood flow during the headache phase, although sufferers of classical migraine experienced an initial vasoconstriction.

According to Dr Paul Davies, migraine research registrar, about 100 patients will need to be studied before conclusions can be reached. Non-migrainous volunteers will also be investigated to see what is "normal". Unexpected findings have come to light about vascular changes in tension headache and it will be months before the results can be interpreted.

The vascular theory has been under suspicion for some time, as it did not explain all the features of migraine. There are several hypotheses as to other possible mechanisms, most of them controversial, and it seems likely that a complex series of reactions is involved.

One suggestion is that during the aura a wave of depression spreads over the cortex and possibly deeper in to the brain, triggered by various factors. Changes in

blood flow may be of secondary importance to this wave, which consists of a front of stimulated neurones followed by a zone of inhibited neurones. Clinically this theory could explain some of the visual disturbances such as blind spots but, although well demonstrated in animals, there is little firm evidence that the phenomenon occurs in humans. Nor is it clear why these changes are followed by headache.

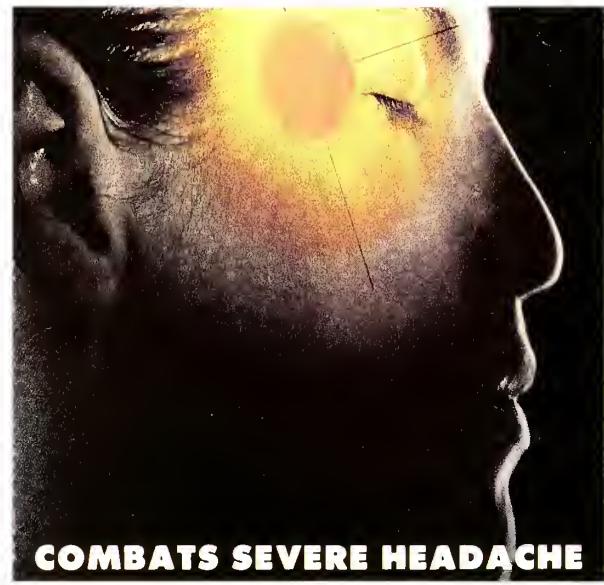
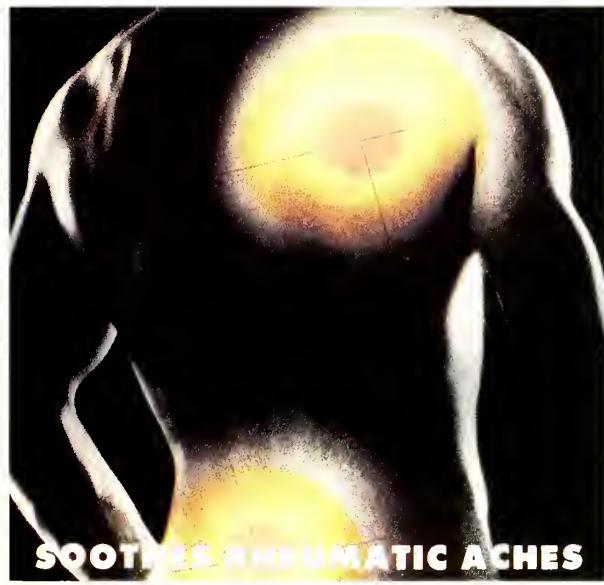
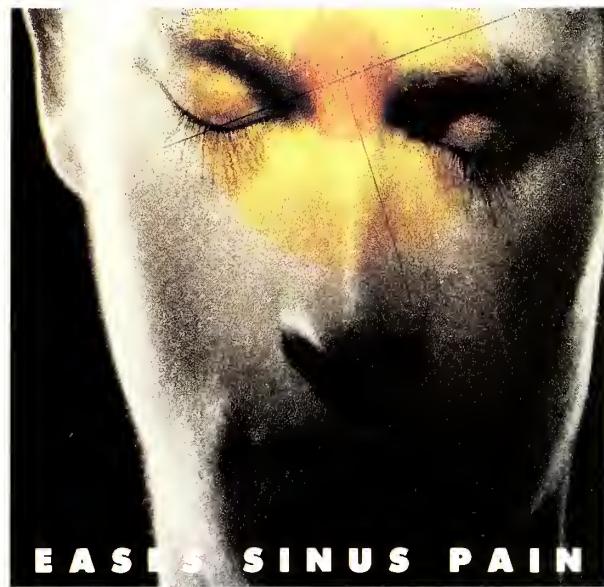
Various central nervous system transmitters may be involved. In migraine there is evidence of increased excretion of 5-hydroxytryptamine metabolites and there is much interest in 5-HT antagonists as potential treatments. Other compounds implicated in headache include substance P, leukotrienes, histamine, bradykinin and prostaglandins. While it is true that these substances act on blood vessels they can also cause pain by direct stimulation of nerve endings, so it is possible they may induce headache in this way rather than by vasodilation.

Dr Davies suggests that vasoconstrictors such as ergotamine may be successful in treating migraine not only because of their action on blood vessels but because of some other secondary effect on the nervous system. "Ergotamine is a drug with complex actions so it is being simplistic to say that because it constricts the blood vessels, the headache must be due to vasodilation."

Other researchers have suggested that the blood platelets of migraine sufferers function abnormally. There is a marked increase in aggregation during the early stages of an attack followed by a decrease in

Continued on p628

RIGHT ON TARGET



The largest growth potential in the £112 million OTC analgesic market is in specific pain relief. (And it's growing by 25% a year.)

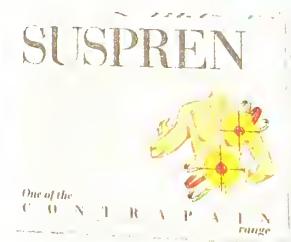
That's why we're introducing Contrapain. A unique range, specially formulated for the relief of specific conditions.

The launch will be supported by heavy

weight advertising, publicity, in-store display and introductory bonus deals.

And it's backed by over 4 years of intense consumer research.

For further information write to: Nicola Dudman, Nicholas Laboratories Limited, 225 Bath Road, Slough, SL1 4AU.



THE CONTRAPAIN RANGE

BECAUSE EVERY PAIN NEEDS ITS OWN PAIN RELIEVER.



You'll be surprised to learn the name behind the best known names.



Nurofen, the No.1 pharmacy analgesic, became a famous name in 1985 when it was launched. Containing only ibuprofen, it was the first new OTC analgesic to appear for 25 years, a more effective pain killer with a gentle touch.

In October and November, Nurofen will again be backed by a national television and trade campaign.

Just as it is backed by Crookes Healthcare, the number one healthcare company.

But, don't worry, we won't harp on about that.

1 2
3 4

• Crookes Healthcare • Crookes Healthcare



Behind the best names.



ANALGESICS

Continued from p624

aggregation once the headache is established, and it has been suggested that aspirin may be effective not only as an analgesic but also because of its anti-platelet effect. But, says Dr Davies, this is another theory falling into disrepute.

One problem of the research is getting patients under the scanner at the right time. The aura is short-lived — about 20 minutes on average — and it is difficult for patients, however willing, to make their way to the hospital in the throes of an attack. One advantage of the new technique is that patients can be treated for migraine without the drugs used (intramuscular Voltarol 75mg and Maxolon 10mg) affecting the results. Advances in radiopharmaceuticals have also improved techniques and the isotope used at the clinic is 99M technetium-labelled HMPAO.

The scanner opens up many areas for research such as testing new drugs, investigating brain metabolism and uptake of oxygen. Meanwhile intensive fund-raising efforts are under way to find the £175,000 needed to pay for it, the British Migraine Association having donated the first £50,000.

Guinea-pigs are needed for the research and volunteers are asked to telephone the migraine clinic (01-741 7833) if they have a severe headache and are within reasonable distance of the hospital which is in Fulham Palace Road, London W6 8RF.

Tension headache hits high-pressured young

In today's increasingly stressful society, one in six of the population experiences symptoms of tension headache, say Merrell Dow. On average, sufferers have about seven headache days a month and an unfortunate 11 per cent suffer every day. The average age for tension headache to start is 29 for men and 26 for women — the times when they are often struggling to cope with increasing career pressures, new families or recent mortgage burdens.

Stress manifests itself physically with muscular tension of the neck and scalp producing the tension headache, the most characteristic feature of which is a dull or tight sensation about the head. These symptoms have also been described as a sensation of weight or pressure on top of the head, a vice-like band around the head, and often localised shooting pains.

There are two common types of tension headache — acute, which occurs at the end of a day when the sufferer is excessively tired or under stress, and chronic which is present constantly, with short relief during sleep, and is also determined by stress.



New pos material for Syndol includes a revolving display, mobiles and customer leaflets.

Paracetamol: a matter of taste

Michael Connolly, marketing manager, explains how Nicholas Laboratories overcame paracetamol's solubility and palatability.

Nicholas Laboratories launched their two paracetamol-based analgesics, Paraclear and Junior Paraclear, in September 1986. The development was a logical step following the company's success with its ultrasoluble aspirin product Aspirin Clear, launched in 1975.

Our market research has consistently pointed out that choices of family analgesic are often child-led. Because children have difficulty in swallowing hard tablets, families which choose one product for all the family will tend to choose a soluble one.

Furthermore, our research has indicated that solubles are seen to be mild, which gives them high family appeal and allows them to be used to treat a wide range of conditions.

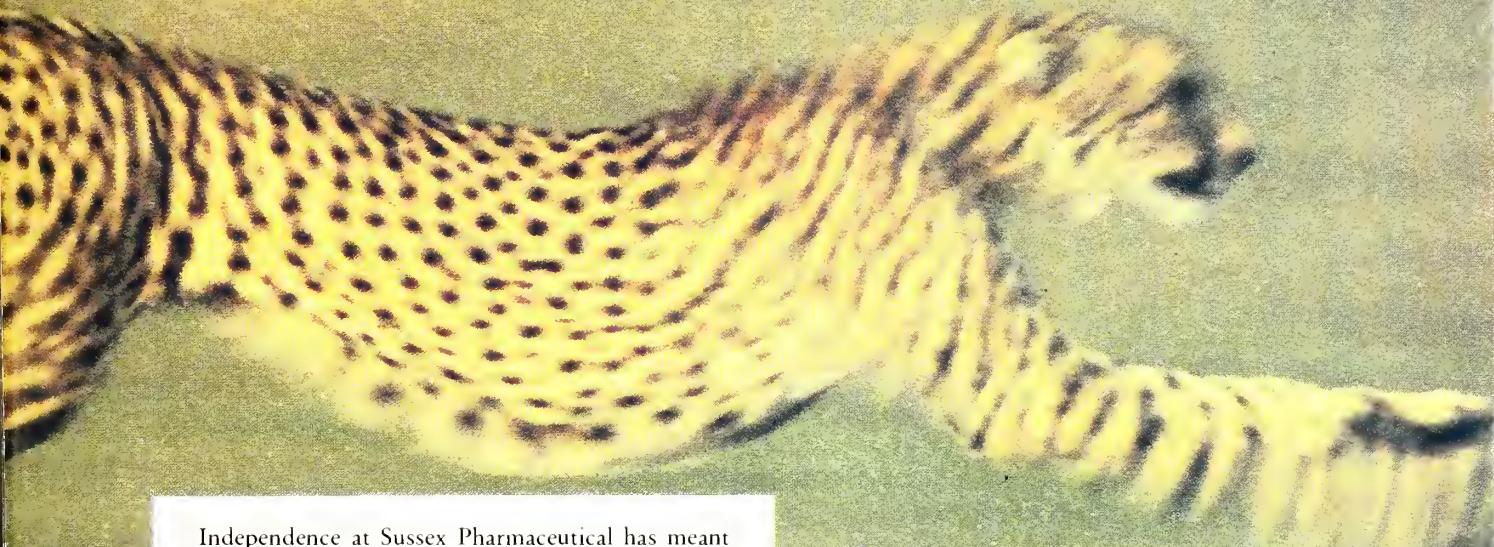
When Aspro Clear was developed in the

Potential new drug for migraine

Glaxo are investigating a new drug which may be useful in migraine. The drug, GR 43175, is a 5-hydroxytryptamine analogue whose action is based on the hypothesis that vascular changes do occur during migraine. It selectively constricts shunt vessels in the brain which are normally open but which close during an attack.

Clinical studies suggest that intravenous infusion of the drug rapidly reduces acute symptoms of migraine with no serious side effects. It may also be given orally and subcutaneously.

The drug is undergoing phase II clinical trials and is on schedule for product licence application in early 1990.



Independence at Sussex Pharmaceutical has meant the flexibility to use our experience in product development.

Products coming from one of the most modern and efficient manufacturing units in the U.K. employing the most stringent quality control standards

Products enjoying sales of millions of tablets and capsules every week all over the world, thus contributing to competitive price structures.

Products relevant to your needs.



Pacifene, a new product from Sussex Pharmaceutical, is an ibuprofen based analgesic currently on test throughout South East England.

Pacifene's competitive pricing and consumer acceptance both contribute to the product's success. Now available from Vestric.

To receive a brochure on our complete range of products contact your wholesaler or call us direct.

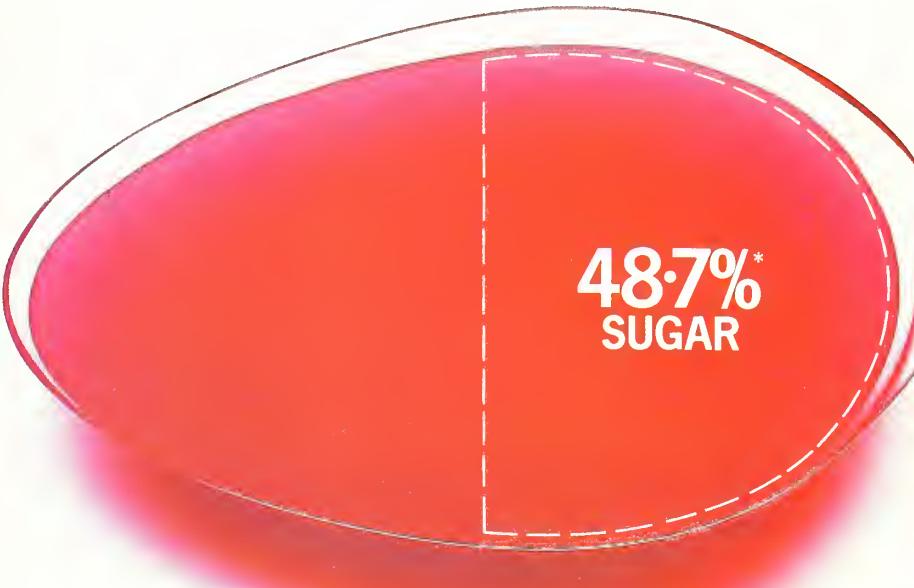
Sussex Pharmaceutical - The Independent Strength



Sussex Pharmaceutical Ltd, Charlwoods Road,
East Grinstead, Sussex RH19 2HL
Tel: 0342 311311, Fax: 0342 313078, Tx: 95315 TOPTAB G

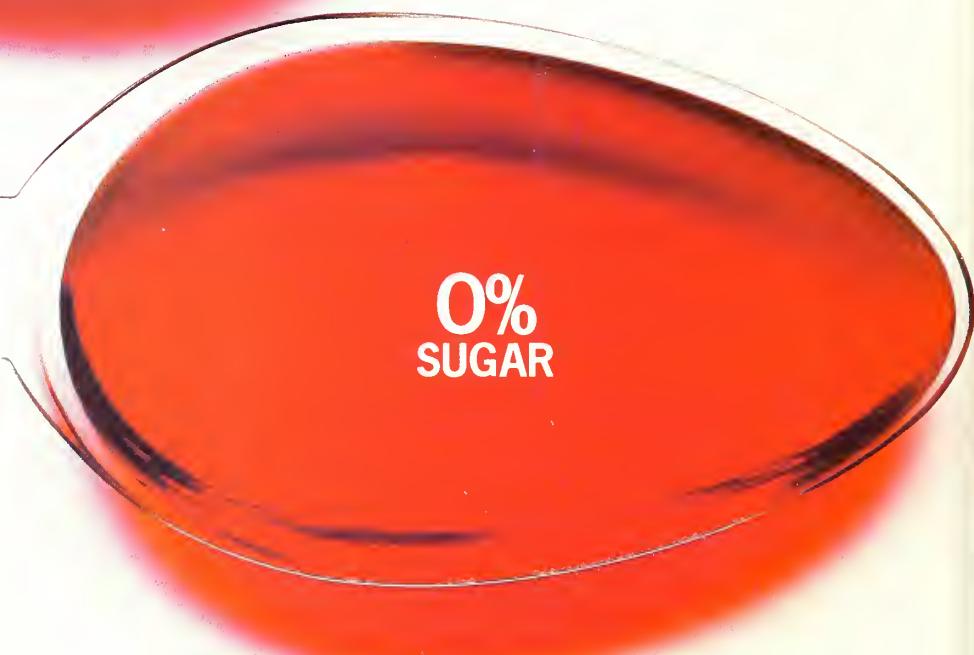
THE INDEPENDENT STRENGTH

Have you given children's pain relievers a check-up lately?



48.7%*
SUGAR

Most widely
used brand.



Panadol Baby
& Infant.

0%
SUGAR

The makers of Panadol announce a new pain reliever that combines the best of both worlds.

Baby and Infant has a pleasant, fruity taste so children find it easy to swallow.

And because this paracetamol based pain reliever contains neither sugar nor alcohol, it goes down well with their mothers.

New Panadol Baby and Infant.



*SOURCE: SUCROSE ANALYSIS DATA HELD ON FILE AT STERLING RESEARCH GROUP. PANADOL BABY AND INFANT REPLACES PANADOL ELIXIR. PANADOL IS A REGISTERED TRADEMARK.



early seventies, there was no analytical technique to determine accurately plasma aspirin concentrations. The formulator had to contend with developing a product which had good stability, dissolved rapidly and had a pleasant taste. Since then it has become possible to use high performance liquid chromatography to demonstrate that Aspro Clear provides aspirin in a solution from which it is absorbed more rapidly and achieves higher plasma aspirin concentrations than other soluble aspirin tablets BP or aspirin tablets BP.

Slow absorbers

A similar rule applies with paracetamol. Nimmo and Prescott have shown that while some people readily absorb paracetamol, others are slow absorbers. Pharmacokinetic studies undertaken by Nicholas Laboratories have shown that some subjects absorb paracetamol more rapidly from Paraclear, where paracetamol is in a soluble form, than from paracetamol tablets BP. Rate of absorption was far greater in fasting subjects than when taken after a meal — as we had anticipated. Generally speaking, therefore, solubles are fast-acting and absorbed into the bloodstream more quickly than hard tablets, so they are ready to start working faster.

Our experience with Aspro Clear has been invaluable in formulating Paraclear and Junior Paraclear. Although our scientists have had substantial experience in formulating soluble tablets, paracetamol caused technical difficulties because of its poor solubility in water (1 gramme in 70ml) and its very bitter taste.

Tackling solubility

Two factors were invaluable in tackling the solubility problem — they way in which the ingredients act on one another, and the size of the paracetamol particles.

Soluble effervescent tablets use a mixture of sodium bicarbonate and citric acid which react together in water to generate the carbon dioxide necessary to agitate the solution and increase the speed of dissolution. These ingredients also cause the tablets to disintegrate rapidly — an important factor in terms of solubility.

Unlike aspirin, paracetamol will not readily form a soluble salt when added to water in an effervescent base. While aspirin particles become readily surrounded by water molecules and consequently dissolve quickly, paracetamol particles dissolve less readily.

Nicholas Laboratories have solved this problem by using a fine grain particle paracetamol and by coating the crystal surface with substances that enhance paracetamol's dissolution. These work by wetting the surface of the crystals and also acting as surfactants — in other words,

increasing paracetamol/water interaction. The coating also helps to separate the paracetamol crystals. Therefore we have been able to develop an optimum particle size as regards solubility while also producing a granule with the desired handling properties.

A further problem in manufacturing soluble analgesics is moisture. Effervescent products are very moisture sensitive, which means that the moisture profile and tablet granulation of the ingredient used are of great importance, as indeed, is the manufacturing and packaging environment itself.

During the development phase, our scientists were conscious of the need to minimise the amount of sodium bicarbonate used so that the sodium content of both Paraclear and Junior Paraclear would not be too high. The resulting sodium content was 191mg and 137mg per tablet respectively, levels that compare favourably with other soluble paracetamol products on the market, which may have between 350 and 400mg.

Palatability is vitally important in formulating new analgesics for child or all-family use. Paracetamol has an extremely

bitter taste and the task of giving a pleasant taste to soluble paracetamol products has been a recurrent problem for the industry.

Adult consumers consider that soluble paracetamol products have an unnatural metallic taste, even when flavours are added. Furthermore, children's taste perceptions change when they are unwell, so we had to develop flavours that were capable of overcoming consumer preconceptions. We did it by conducting extensive formulation and flavouring studies, followed by consumer taste trials which were invaluable in helping us to identify the most appropriate flavour for both the adult and paediatric market sectors. Among the factors we took into account were flavour profile, carriers for the flavours, the contribution of excipients, the pH and the concentrations of flavour.

All the indications from this intensive research programme pointed us towards a lemon flavour for Paraclear and a strawberry taste for Junior Paraclear, both of which strike a delicate balance between pH and flavouring. The result is formulations representing a major step forward in the marketing of OTC analgesics.

A winner from the Outback

Aspro is 70 this year and the Nicholas production plant at Slough also celebrates its diamond jubilee — 60 years of Aspro production. C&D looks at the history of the brand.

When a young Melbourne pharmacist called George Nicholas first attempted to produce aspirin 70 years ago, he found the task far from easy. Lack of sophisticated equipment and technical expertise meant that his only tools were persistence and the will to succeed.

Many weeks of experimentation followed, during which George lost weight and — temporarily, his sight — as a result of the pungent fumes his work produced. Results were slow, but he eventually managed to produce aspirin in a very impure state.

At this stage, a freelance industrial experimenter named Harry Smith (sic) joined him in his quest and research quickened pace. Success came in June 1915, when pure aspirin was produced by a

THROW YOUR IMPURE ASPIRINS INTO THE DUST BIN

Replace them with A ASPRO TABLETS

STOP SPAIN IN 5 MINUTES

PAIN calls for PROMPT RELIEF In the past, medicines to relieve pain have worked on the system of doping or deadening the nerves. Deadly drugs were used for the purpose. The after effects were ruinous to the constitution. All that has gone now, because

ASPRO RELIEVES PAIN PROMPTLY IN 5 TO 10 MINUTES. IT ACTS BY SOOTHING AWAY THE PAIN

It doesn't affect the heart either, and can be taken in train, tram, the house, or anywhere. Many are persons working to-day who hurt for ASPRO would be in bed



ANALGESICS

process of crystallisation. Two months later, the first Australian-produced aspirin was granted a licence, initially under the trade name Aspirin. In 1917 this was changed to Aspro — derived from the fact that it was a Nicholas product.

Aspro was made by reacting acetic anhydride with salicylic acid to produce acetylsalicylic acid, and still is.

The next challenge was to meet commercial demands for aspirin products. Production was initially on a hand-tabletting machine operated by other members of the Nicholas family with a small team of girls packing the tablets. Production was far from smooth owing to the primitive machinery.

Sales of Aspro were erratic and by July 1917 the small company was close to bankruptcy. It was at this point that Nicholas really started to market the product. Broadsheets were distributed in Queensland — the test market — incorporating a coupon for a free trial packet from any chemist. The scheme was an immediate success and was repeated in other areas of Australia.



At the same time, an advertising campaign was launched. Free from the restraints placed on pharmaceutical advertising today, the copy often claimed more for the product than could realistically be justified, projecting it as a cure for upset stomachs, insomnia, rheumatism and nervous disorders — as well as for headaches.

Clearly, though, it had a dramatic effect on Aspro sales which continued to grow, helped by the post-war influenza epidemic of 1919 and eventually Nicholas moved to larger premises to meet the growing demand for their product. A new tablet-making machine was brought from the USA, along with a new packaging process which sealed each tablet in its own air and watertight compartment — an invaluable discovery for aspirin, given the product's vulnerability to atmospheric attack.

By 1924 Nicholas Proprietary Ltd were doing well and started looking abroad for new markets — the first of which was the UK. Initially a disaster, the venture became a rapid success when pack size, and with it costs were reduced. In 1927, production started in Slough, where it remains to this day, and UK sales boomed, aided by a further outbreak of flu.



Sterling Health's recommended 'planogram' (see Promotions overleaf)

Paracetamol picks up lost aspirin sales

The withdrawal of junior aspirin last year has had a major impact on the markets for both children's and adults' analgesics, accelerating the trend away from aspirin in favour of paracetamol.

While there has been a tendency for parents seeking an analgesic suitable for the whole family to opt now for a paracetamol-based product, there has also been a growth in analgesics formulated specially for children. Wellcome say that sales of child specific analgesics have increased by about 1 million packs a year, the implication being that junior paracetamol products have not only benefitted from a direct transfer from junior aspirin but have also attracted new users, probably parents who had been giving their children full-strength aspirin products.

Market research by Audits of Great Britain Ltd shows that paracetamol-based analgesics increased their share of the market from 50.5 per cent by value to nearly 57 per cent in the past year. Aspirin's share fell from nearly 38 per cent to just under 30 per cent, while products containing both aspirin and paracetamol increased slightly from 5.5 to 5.9 per cent. Ibuprofen also increased its share, from 6.3 to 7.6 per cent.

The analgesics market is one of the largest and fastest growing self-medication markets. The limited list led to a number of consumers turning to OTC analgesics.

Crookes say the total value has risen from £84 million in 1985 to an estimated £103

million this year, a major contribution being a 225 per cent increase in value terms by Nurofen, whereas AGB give a more conservative estimate of £90 million for the year ending last June.

Nicholas Laboratories say the market is worth even more — £112 million — when specific remedies for sinus headache are included in the calculation. Factors they believe are responsible for this growth are increasing prescription charges and a series of major new product launches backed by heavy promotional support. Their decision to launch the Contrapain range of specific analgesics was stimulated by the fact that the market for specifics is growing at around 25 per cent compared with 7 per cent for analgesics as a whole.

The adult market splits into two distinct areas, say Fisons Consumer Health — 40 per cent soluble and 60 per cent non-soluble. Research by Nicholas Laboratories indicates that 20 per cent of soluble analgesics are bought for all-family use.

The children's market is estimated to be worth about £8.6 million a year, with much of the growth in value attributed to the higher unit price of liquid paracetamol preparations compared with the former junior aspirin tablets. AGB's Market Track reports that paracetamol liquids and suspensions now account for 8.3 per cent of total analgesics by value compared with 5.5 per cent a year ago.

Wellcome claim that Calpol infant

TENSION HEADACHE?

17% of the UK adult population (7½ million people) get the symptoms of Tension Headache. And each pharmacy gets on average between 12 and 14 requests every week for advice about headaches or recommendation for treatment.

Tension Headache is the result of a cycle which usually begins with the stress of everyday living at work and home – rush-hour travel, meetings and shopping with the children. This can cause muscular tension, which often results in Tension Headache. The condition is variously described as a vice-like pressure on top of the head, or pain in the forehead or neck. Simple analgesics often give inadequate relief.

The Tension Headache is in itself stressful, so the cycle starts again.

The result is a continuing Tension Headache, which can last all day. Syndol is a specially formulated analgesic designed

to break the cycle of stress and muscular tension in Tension Headache. It does this in three ways:

1. Codeine and paracetamol block pain fast.
2. Caffeine has been shown to enhance the analgesic effect of paracetamol.
3. Doxylamine succinate has a proven action which helps Syndol relieve the muscular tension of Tension Headache.

Syndol is the analgesic specifically formulated for Tension Headache, and is an appropriate recommendation whenever patients ask for advice, or an analgesic.

SYNDOL – FROM PRESCRIPTION TO PHARMACY SUCCESS IN THE TREATMENT OF TENSION HEADACHE.

Merrell Medicines
Confidence in pharmacy



BREAKS THE CYCLE OF TENSION HEADACHE



ANALGESICS

suspension and Calpol Six Plus together have a 70 per cent share of the children's market. However, Reckitt and Colman and Leo Laboratories believe there is a marked trend towards sugar-free preparations as parents become increasingly health conscious. Leo say that although manufacturers had been looking for some time for other ways to make children's paracetamol palatable without using sugar, it was the junior aspirin ban which acted as a catalyst and speeded up the process.

Pharmacies have benefitted from the trend towards the higher-priced chemist only analgesics. According to AGB by far the most analgesics are sold through pharmacies, whose share has increased steadily from 69.6 per cent of sales by value for the year ending June 1986 to 71.2 per cent last June. Drug stores have remained static at just over 5 per cent, while grocers have lost out slightly — multiples down 0.2 per cent at 11.7 per cent, other grocers down 0.7 per cent at 8.4 per cent and other outlets down the same amount to 3.6 per cent.

Bayer are supporting recently repackaged Actron with a national campaign in the women's Press this Autumn, to include *Prima*, *Woman's Realm* and *Woman's Weekly*. A regional television campaign is running initially in Yorkshire this month and next, and may be extended in 1988.

Crookes Healthcare Ltd believe Nurofen's rapid growth in brand share has resulted from its high level of promotional activity — an investment of £11 million since launch. August saw the start of a year-round £3 million television campaign, claimed to be the heaviest support programme ever mounted for a painkiller in the UK. Further bursts are planned for October, November and January 1988.

Nurofen promotion has been extended to reach a wider variety of healthcare professionals and an exhibitions programme is under way. A mailing to pharmacists this Autumn presents new clinical data and product information. A mailing for counter assistants introduces a checklist of questions that should be asked when faced with a customer seeking advice on the suitability of analgesics for particular indications. Questions are posed on a laminated card with self-adhesive strips which enable it to be fixed permanently to a convenient surface behind the counter.

POS includes shelf reservers, a window kit, and a pre-packed display unit featuring the complete range.

A new booklet on sports injuries, offering advice on sensible training, injury

diagnosis and treatment, will be distributed to physiotherapists, leisure centres and schools and made available to sports clubs through sports publications.

Fisons Consumer Health are continuing their trade bonuses for Paracodol throughout October and November and another television campaign is scheduled for Autumn and Winter.

Leo Laboratories' campaign for Junior Panaleve, which has been running in the mother and baby Press, is being increased with the use of more publications as the Winter coughs and colds season approaches. The "Growing up with Junior Panaleve" height chart available through pharmacies was recently issued with copies of *Practical Parenting*. Trade bonuses are available this Autumn.

Merrell Dow are supporting Syndol with POS material including a display unit comprising an 18in mobile, plus a 3ft high revolving display — both using the Syndol red triangle, which is also available as a 3D show card. Apart from promotional support, the product will benefit from an intensive public relations campaign throughout 1987. **Nicholas Laboratories** are supporting the launch of the Contrapain range of specific analgesics with a £750,000 consumer advertising campaign running from October to April in women's magazines (*C&D*, August 15, p294).

Paraclear is currently being supported by a £500,000 Press campaign in women's magazines. Aspro Clear is earmarked for a "major above-the-line push" early in the New Year, while Junior Paraclear will be the subject of a direct mail campaign targeted at 250,000 mothers-to-be later this year.

The company has been "inundated" with requests for the first two leaflets in its home medicine desk consumer advice/service — "Choosing painkillers for your family" and "Children's temperatures". More leaflets on analgesic use are scheduled for later this year and early next.

Reckitt and Colman are continuing their support for Junior Disprol with a campaign in the mother and baby Press running until the end of the year. There will be detailing and sampling to health visitors and dental professionals, and distribution of dental record cards to mothers through health visitors.

A national television campaign for Disprin, with a £1.2 million spend and a new commercial, is running this month and next. Promotional long-count outers are available to the trade. Prizes are to be won in a Winter sell-in mailing featuring Disprin, Lemsip and Junior Disprol.

Codis will be on bonus through Unichem, Vestric and Numark in October and November and direct in November and December. The promotion will be backed by an information campaign to pharmacies.



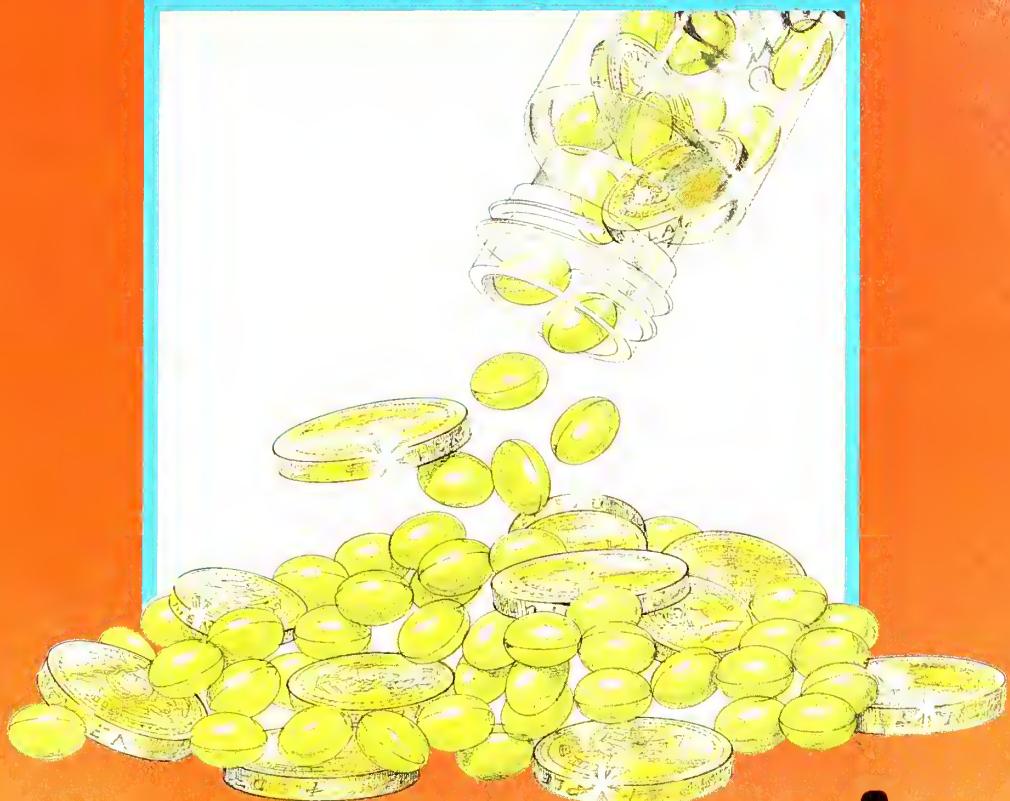
New packaging for Lemsip gives more information on ingredients

Lemsip will be featured in a £1.6 million national television campaign starting before Christmas and continuing throughout the Winter. New packaging highlights the vitamin C content and other ingredients, and the back of the pack gives more information about how the ingredients work.

Sterling Health say that, when allocating shelf space, pharmacists should remember that analgesics are the most heavily supported sector of the OTC health care market with £14 million spent on television and Press advertising in 1986. The top 10 brands account for more than half all analgesic sales and, by supporting these, pharmacists can maximise sales opportunities. Winpharm and Sterling Health have produced a recommended planogram to cover consumers' analgesics needs and pharmacists who would like advice on how to plan an area in the pharmacy giving customers the best choice should contact Jenny Dyer, public relations department, 1 Onslow Street, Guildford, Surrey GU1 4YS. There are plans to continue advertising support for the company's brands during the next year.

Warner-Lambert are planning a "substantial" national television campaign for Sinutab to break on Channel 4 in December, running through to the end of March 1988. The company believes that the last £750,000 "drip" campaign on Channel 4 contributed to Sinutab achieving brand leadership in the oral decongestant market. **Wellcome** are proposing a "substantial" campaign for Calpol in the mass market and selected mother and women's magazines this Winter, continuing the "No time for half measures" theme. There will also be trade bonuses, new POS, merchandising incentives and a consumer promotion.

Whitehall Laboratories are concentrating on the introduction of micro-thin coated Anadin which is said to be easier to swallow, less likely to break up in the mouth and has no unpleasant aftertaste. Seclodin is being supported by a Yorkshire Television campaign this month.



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How strictly does liability apply?

There is a growing shift in attitude away from the "how can I help my fellow man" towards "how can I help myself". And nowhere is this more clearly demonstrated than in the number of claims made by consumers against those who provide them with goods and services. Tim Astill, director, National Pharmaceutical Association, said on Thursday morning's session on liability.

To establish negligence a plaintiff must first convince the court that the alleged wrong-doer owed a "duty of care" to the plaintiff. So far as pharmacists are concerned, they clearly owe a duty of care to the patients for whom they dispense medicines and, of increasing importance, to whom they give advice.

Secondly, the plaintiff must show that the defendant was in breach of duty, or at fault. But there are occasions where the defendant will admit a duty of care was owed, will further admit the plaintiff suffered loss or injury, but will argue he was not liable because he did nothing wrong. This could happen where a patient is abnormally sensitive to a drug, or even to a cosmetic product sold OTC.

In deciding whether a pharmacist is in breach of duty a court will often hear evidence as to what is expected of a "reasonably competent" pharmacist in similar circumstances. Such evidence was given in the Migril case.

Legal responsibility for giving advice was established fairly recently, when a court heard that a bank was liable for any reasonable foreseeable loss sustained by someone following its professional financial advice. Likewise a pharmacist is liable for the consequences of giving wrong advice, but just how far should a pharmacist go?

The only sensible general conclusion is that in every case the interests of the patient must be paramount. They must be given advice which will result in the chosen therapy having the desired effect. They must be warned about any precautions to be taken and told about potential side effects, said Mr Astill. Manufacturers are now strictly liable for any harm which results from defects in their goods, but it will be a defence for the producer to show that the plaintiff has been effectively warned about any side

effects and thereby "assumed the risk".

This branch of law is developing rapidly and it will become more difficult for pharmacists to decide what questions a patient should be asked and where advice should stop. As pharmacists accept more responsibility so their potential liability increases. "We are now at the point where a pharmacist who fails to include an anticoagulant or MAOI warning card with such medication is legally liable for any consequential harm suffered by the patient. Pharmacists are also probably under a legal obligation, as well as a professional one, to add standard BNF warning to labels," warned Mr Astill.

Anyone who breaks a contract is legally liable to pay compensation for any loss or damage resulting from that breach. The commonest form of contract between a pharmacist and the public is when goods are bought and sold. But no contract is held to have come into existence when an NHS prescription is dispensed. OTC sales are governed by the Sale of Goods legislation. Retailers are strictly liable if the goods they sell are not of merchantable quality, not fit for the purpose for which they are sold, or do not comply with the description applied to them at the time of sale. The important factors are that the liability is strict and that the seller's liability extends only to the purchaser.

"...a pharmacist who fails to include an MAOI warning card is liable for any consequential harm..."

Contractual liability may assume greater importance for the profession in the wake of the Nuffield Report, said Mr Astill. An agreement to provide goods or services gratuitously is not legally enforceable, and it is for this reason that pharmacists are advised not to make any charge for giving first aid. Similarly where free advice has been given no breach of contract occurs if the advice turns out to be wrong. But most pharmacists believe they should be given fair reward for their professional services. If the advice is deficient, the pharmacist may well be liable for breach of contract.

Employers are responsible for providing reasonably safe working conditions. "Attention has recently been focussed on this over the disposal of



NPA director Tim Astill

possibly contaminated needles and other sharp waste in the pharmacy," said Mr Astill. "I would urge anyone thinking of offering this service not to do so without getting expert advice and using equipment specially designed for the job."

The fact that if an employee is negligent in the course of his or her employment the employer is liable to pay compensation to any third party who suffers loss or injury is often overlooked — "notwithstanding that the most careful operating procedures have been devised," said Mr Astill. Strictly speaking a proprietor is not liable for the negligence of a self-employed locum pharmacist. But those who rely on the Chemists' Defence Association for their professional cover will find the insurance extends to any person employed or engaged by them.

When a potential danger is spotted on a script, and the prescriber cannot be contacted and the medicine is urgent the pharmacist has an interesting decision to take. The Society's Code of Ethics now acknowledges that a pharmacist may occasionally be required to vary the prescriber's intentions in the interest of the patient. Where a pharmacist takes upon himself to alter what is written on the script he accepts full responsibility for doing so.

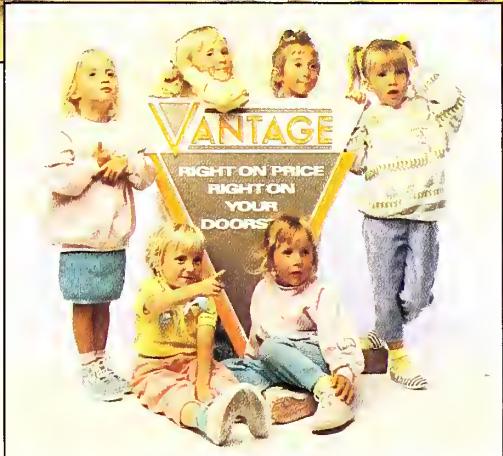
Mr Astill was critical of the way the Storkwain case was approached. The point at issue was not whether the script in question was a good forgery, but whether a pharmacist who dispensed a forgery for a POM was guilty, even though he believed the script to be genuine. In a recent article Gordon Appelbe, head of the Society's law department, suggested that if guilty intent were an essential requisite of the crime, the Society would find it difficult to make any prosecution stick because the pharmacist would say by way of defence, that "he did not know".

That argument could be applied to any crime, said Mr Astill. "It seems perfectly reasonable to require the prosecution in a



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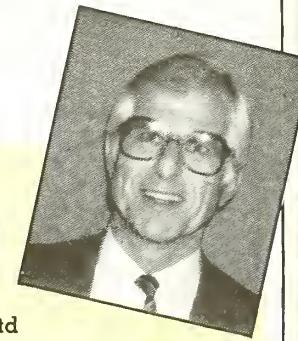
Continued from p636

forgery case to satisfy the court that any competent pharmacist would have spotted the forgery or queried its authenticity before dispensing it. If 'reasonable competence' can be part of a case in civil law I fail to see why such evidence cannot be used to get a criminal conviction. I would like to think that if prosecuted for allegedly dispensing a forged script I could argue that I did not recognise it as a forgery, and I would like to call expert evidence that I had behaved reasonably and competently. That form of defence is no longer available to me, and if the facts were established the court would have to find me guilty.

"In fairness I have to say that as a close observer of the pharmaceutical legal scene for 18 years, in the whole of that time I cannot recall a single occasion on which the Society has prosecuted a pharmacist in

circumstances I regard as unfair." The Storkwain conviction was not referred to the Statutory Committee, he said.

In future pharmacists will no doubt think about their potential legal liability, if only in relation to their annual insurance premium. It is plain that potential legal problems are increasing and much of this liability is strict, said Mr Astill. But it is important to keep the problem in perspective — there are 6 million visits paid to pharmacies every day and about 400 million scripts dispensed a year. Against such a background the number of legal problems is infinitesimal. "By taking elementary and basic precautions and a sensible approach, pharmacists will continue to be able to sleep soundly. But please do not assume that 'it cannot happen to me' — it can, even if it probably won't," said Mr Astill.



Mr W. Taylor,
associate
director at
reinsurance
E.W. Payne Ltd

losses occurring during a specified period, notwithstanding the date on which they may be notified could be several years hence. Past experience with such wordings did not envisage the kind of claims coming in today, said Mr Taylor, and did not expose the inadequacy of the premiums then being charged for the cover now being provided. These sorts of conditions have sent premiums rocketing and as a result placed protection out of the reach of many people.

The UK insurance industry has heard the voice of the professions with increasing regularity as higher premiums and lack of market capacity threaten their existence. Some smaller firms have considered practising without cover; for larger firms who could absorb higher premiums, the major threat was the inability to buy adequate limits of indemnity, he said.

One of the effects of difficult market conditions was to cause the professional to think about some of the problems that face them. They are beginning to take a greater interest in the risks to which their businesses are exposed and the liabilities. Training facilities are coming under review and risk management techniques are beginning to be applied. Difficult work is being monitored and there is a movement towards improved standards. "In the long term this must be to the benefit of all, but it is sad to reflect that it has taken the insurance industry to bring it about," Mr Taylor concluded.

Rising costs of insurance

An overweight man with a heart condition suffered a heart attack while starting a Sears lawnmower. A jury ordered Sears to pay \$1.8 million in compensation on the basis that there was no warning on the machine that a person with a heart condition would be at risk while trying to start it.

Developments in law like this have done little to help the professions, said Mr W.H. Taylor, ACII, associate director in E.W. Payne Ltd, the second largest reinsurance broker in the world. But nor have the professions done much to help themselves, tending to regard liability claims and legal developments as a matter for their insurers, he said.

Indemnity strictly means "security against loss" — the insured does not seek to make a profit but take steps to secure himself against loss. The burden of proof is now being complicated by the modern thought that if a person suffers someone must be to blame, said Mr Taylor. "This produces the situation where anyone, however remotely connected with the occurrence, is joined in the action."

As the pressure grows in society for someone to provide indemnity, so does the tension in an insurance industry uncertain about the extent of the risks being run. This problem has affected all professional liability covers. Underwriters are also faced with the fact that past usage of a product does not mean that a claim will not occur in the future from it. The judgment and claim when made will be conditioned by the current climate.

And the larger the company and the

more profits they make, the more chance they have of being *attacked* rather than sued. Who can live with bad publicity in a competitive climate even though the complaint in question would not eventually be supported in court, he asked.

In the past people used to bear their own risks to a certain extent, but nowadays in a highly claims conscious society people are encouraged to use any insurance cover they have to reduce their financial outlay. It has taken a long time for the growth liability claims to catch up with the professions, which for years were regarded as privileged. Now there is no reluctance to sue even professional advisers, and claims continually increase.

Insurance policies used to cover all

Lower CDA subs for the continuously educated?

Professor Paul Spencer (Cardiff) asked whether those pharmacists undertaking continuing education courses should pay lower Chemist Defence Association premiums. Mr Astill replied that the CDA premium was so low anyway, there was little scope for reducing it further, but it may be something that might be considered.

In response to a question from an Australian delegate about whether the current climate led to more spurious claims, Mr Newton said he didn't think there were many claims where the plaintiff had not suffered an injury. Mr Astill said he didn't think that the level of damages awarded by UK courts was getting unjustifiably high. "But the judges give higher awards when they know the defendant is insured."

The question of passing liability back up the supply chain, of interest in the case of

dispensing of white, unmarked generics, looks like being the subject of further debate. There was a suggestion that as long as the pharmacist could identify his supplier, then that absolved him from liability for a defective product. Mrs Linda Stone (Birmingham) asked: "Is it right that if I always buy X from wholesaler B, it doesn't matter to me a jot who made it, it's the wholesaler's problem?"

Mr Newton said he thought it was. But the Society's president, Mr Bernard Silverman, said that Council will have to look at this again, as Mr Newton's advice contrasted with the view taken by a number of Council members.

Alan Cambridge, Evans Medical, felt that the problem for the pharmacist in the future was going to be record keeping, as claims were after the supply.



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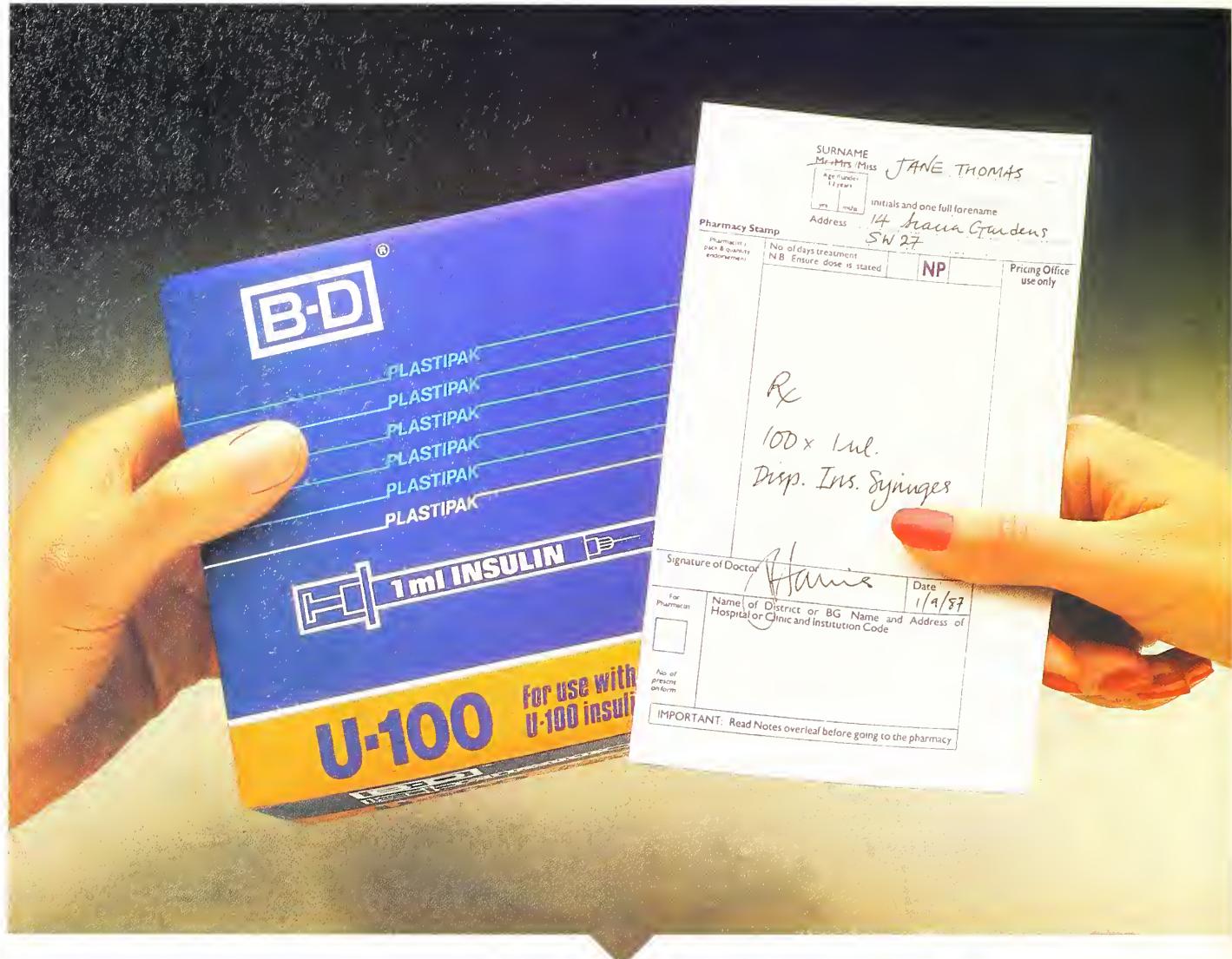
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The new Consumer Protection Act imposes strict liability for death, personal injury and damage to personal property caused by a defective product. Mr Clive Newton, head of the consumer affairs division at the Department of Trade, told delegates how the new law would affect the pharmacist.

Medicines supplied on prescription are covered by the product liability provisions of the Act, since providing goods in connection with any statutory function falls within the meaning of "supply". The Act imposes primary liability on the manufacturer, the importer of products into the EEC, and any person "holding himself out as the producer". Other suppliers are not liable unless they fail to identify the producer or their own supplier.

"As a pharmacist is not the producer of the majority of products he sells or dispenses, he can absolve himself of liability by naming his supplier or producer of the product. But where he mixes his own preparation, he is the producer and becomes liable," said Mr Newton. "The DHSS is considering the addition of the manufacturer's name and address to medicine labels in a proposed amendment to the Medicines Labelling Regulations 1976. This would make it easier for a pharmacist to identify the producer and so avoid liability."

Pharmacists will not be deemed to be holding themselves out as producers on the sole grounds that they have placed their name and address on medicines they



Clive Newton, from the Department of Trade's consumer division.

Records are the key

dispense. In the case of NHS staff, the supplier would be the health authority. Health authority records, and those of retail pharmacists, would need to provide particulars of the sources of their drugs if they are to be sure of passing back liability under the Act.

There is deemed to be a defect in a product if "the safety of the product is not such as persons are generally entitled to expect". This raises complex issues in the case of medicines. Establishing the

existence of a defect is complicated by the fact the body is a complex biological mechanism which at the time of treatment is already subject to an adverse pathological condition. Further considerations are whether it is an emergency or routine situation, the method of administration, the degree of supervision, the patient's diet, published warnings and the patient's ability to understand them.

The consumer still has to establish that he was injured by the defective product of the producer from whom he seeks to recover. A particular problem will be how one can establish the date of supply of products causing cumulative injuries. The Law Commission has reported on product liability connected with the supply of pharmaceuticals, and concluded there was no justification in making special provision for the industry.

However the UK has decided to retain the development risk defence, which will allow a person to show that the state of scientific or technical knowledge was not such that he could have discovered the defect in the product at the time he supplied it.

"I am certain many of the concerns over a strict liability regime are based on misunderstanding," said Mr Newton. Fears that insurance costs would rise unacceptably were groundless. Nor was there any reason to believe that the Directive would introduce the American problems with product liability into this country.

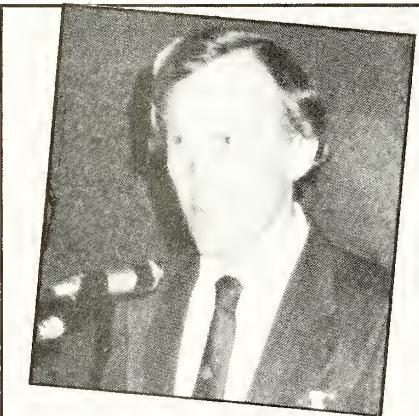
Symposium Session

The free radical theory of ageing

Oxygen radicals have been implicated as important causative agents of ageing and human diseases, including cancer, multiple sclerosis, Parkinson's disease, auto-immune diseases and senile dementia. Dr J.M. Gutteridge of the National Institute for Biological Standards and Control, told the symposium session.

Increased oxygen radical generation and lipid peroxidation have been linked with the toxic actions of a wide range of chemicals including paraquat, doxorubicin, bleomycin, ethanol, and adulterated Spanish cooking oils. "There now seems little doubt that oxygen free radical reactions are part of many of these disease processes. However, it is still far from clear that free radicals cause any human diseases," he said.

As an organism ages its chances of



Dr J. Gutteridge, from the National Institute for Biological Standards and Control.

death increases. All individuals of a given species are dead by some characteristic age. For humans the maximum lifespan may be around 90-120 years. However in

most populations few ever reach their maximum lifespan. Disease, food and water supply and background radiation all contribute to an earlier demise. "It is the difference between maximum and mean lifespan that has a real potential for minimisation by medical care and perhaps anti-oxidant therapy," said Dr Gutteridge.

Theories of ageing abound but can be considered under two headings: genetic theories and damage-accumulation theories. In the genetic theories the assumption is made that "ageing" is a continuation of the development process under the control of specific genes.

Two of the most popular damage-accumulation theories are the "error catastrophe" theory, and the "free radical" theory. The error catastrophe theory proposes a continual build-up of random errors in protein-synthesis leading to an ever-increasing cumulative error in the fidelity of transcription and translation.

The free radical theory proposes that ageing results from imperfect protection against cumulative oxidant stress brought about by oxygen free radicals.

A major obstacle to the free radical theory has been the observation that feeding anti-oxidants does not significantly alter the maximum lifespan in animal models. "It is clear that genetic factors must play some role in determining rates of ageing in different species, although evidence for a specific set of 'ageing genes' is at present totally lacking," said Dr Gutteridge.

Another recent concept proposes that life forms have evolved the ability to delay senescence. It proposes that anti-oxidants do not appear to prolong the lifespan because the "tissue anti-oxidant potential" is a major determinant, and the feeding of anti-oxidants depresses natural anti-oxidants, and so keeps the overall "potential" unchanged (Cutler, 1984).

The free radical theory of ageing has been experimentally investigated the most, perhaps because experiments are possible. However, all ageing theories are extremely difficult to prove because ageing is a slow process and human experimentation, if possible, would take a lifetime to evaluate, said Dr Gutteridge.

There is evidence for an inverse correlation between the basal metabolic rates of mammals and their lifespan. Larger mammals consume less oxygen per unit of body mass than do smaller ones, and they live longer. Cold blooded animals live longer at lower temperatures, moving less and consuming less oxygen. Insects consume much more oxygen when flying than when they are at rest; preventing houseflies from flying greatly increases their lifespan. The lower basal metabolic rate in man compared to rodents could be responsible for the different cumulative cancer risk observed in these two groups. In short lived animals about 30 per cent of rodents have cancer by the end of their two-three year lifespans whereas in humans this is achieved by the end of their 85-year lifespan, he said.

If a free radical is defined as an atom or molecule capable of independent existence with one or more unpaired electrons, then definition includes the oxygen molecule, a hydrogen atom and most of the transition metal ions. Oxygen prefers to accept its electrons one at a time and this has a major advantage for life because it considerably slows down the reaction of oxygen with non-radicals.

A major disadvantage is that reactive intermediates are formed, two of which are free radicals. The superoxide radical ($O_2 \cdot^-$) is produced in numerous biological processes, particularly the

electron transport chains of mitochondria and the endoplasmic reticulum.

Superoxides are also produced by activated phagocytic cells, where they are usually beneficial to the host as they help kill ingested micro-organisms.

The superoxide radical is not particularly reactive in aqueous solution and cannot account for most of the damage observed in systems in which it is generated, said Dr Gutteridge. However, in its protonated form ($HO_2 \cdot^+$) it is probably more reactive as an oxidant in non-polar solvents, an important point when considering damage in membrane lipids.

The superoxide radical is also the precursor of a more damaging radical species when, in the presence of iron, it dismutates to form hydrogen peroxide. This will combine with ferrous ions to form hydroxyl radicals ($OH \cdot$). This radical is

responsible for much of the radiation damage to tissue. Organic oxygen radicals are equally important in biological systems, for example the autoxidations of polyunsaturated fatty acids or lipid peroxidation.

Loosely bound iron is the most likely promoter of the $OH \cdot$ radical damage *in vivo* and attempts have been made to measure such forms of iron using the anti-tumour drug bleomycin, a metal binding antibiotic which also binds to the DNA molecule. The key role of iron in biological radical formation offers the potential for protective intervention by the use of iron-chelation therapy.

Desferrioxamine (an iron chelator licensed for clinical use) is good at inhibiting iron-dependent radical reactions and its *in vivo* use provides considerable circumstantial evidence for the importance of such reactions.

Preventing ADRs in the elderly

The elderly bear a disproportionate burden of the number of adverse drug reactions. Dr L. Ramsay, a consultant at the Royal Hallamshire Hospital, Sheffield and a member of the Committee on Review of medicines, told delegates.

Before looking at what could be done about the problem, he said a few cautionary words about the quality of evidence for adverse drug reactions in general. There is hierarchy of views, he said, graduating from opinion and anecdote, to case reports (eg yellow card reports) and amateur surveys.

One step up from these are surveys done by those who recognise the problem of validating adverse drug reactions; then there are controlled studies such as prescription event monitoring and post marketing surveillance; and lastly there are prospective trials. Unfortunately there are few of these.

One of the problems with adverse drug reactions is determining what level of evidence should be accepted. This has become topical over the last few years with a number of NSAID withdrawals, mostly on the basis of case reports. On the one side the Department is blamed for not removing a product quickly enough, and on the other those involved with prescription event monitoring say the



Dr L. Ramsay, a consultant physician from Sheffield

product should not have been removed at all, said Dr Ramsay.

Some of the evidence can be misleading, he said, citing a long held belief by many doctors that drug treatment for hypertension was a principal cause of drug induced illness in the elderly. Case reports are quoted to this day, but if looked at with a critical eye they do not really stand up, he said.

Controlled studies identified no particular problems. There are now two large scale prospective trials looking at the treatment of hypertension in the elderly. "The main adverse effect is that giving anti-hypertensives means patients become healthier and live longer. There was precious little in the way of adverse effects," said Dr Ramsay.

An analysis carried out by Dr Ramsay



of hospital admissions over a six year period suggested 3 per cent were due to probable ADRs, and a further 3 per cent due to possible ADRs. Out of this total of 6 per cent, 2 per cent were fatal. "Perhaps 40 per cent of these ADRs were preventable, but 60 per cent were inevitable bearing in mind the state of the art," he said.

Beta blockers are top of the list for causing ADRs, but they are often accused of causing the kind of problems found in an elderly population, and it is difficult to incriminate them directly.

There are a number of basic reasons why ADRs are age related, mainly to do with prescribing habits. The elderly take more drugs — 12 per cent of the population, as pensioners, accounted for 33 per cent of drug expenditure some years ago. Of those aged 75 years or older 85 per cent are drug takers.

"The consequences are more ADRs, more interactions and less compliance. There is more scope for error in polypharmacy, and repeat prescribing can be a problem. It has been shown that within ten days of discharge from hospital more than half of elderly patients are making important mistakes in their drug regimen," said Dr Ramsay.

The 40 per cent of avoidable ADRs could be reduced by avoiding unnecessary drugs, better supervision of repeat prescribing, using less toxic alternatives and keeping away from specific drugs that cause particular problems in elderly patients, he said. Nitrazepam, diazepam, heparin and

potassium chloride are drugs that caused problems for older people, whereas frusemide, methyldopa and theophylline tend not to.

Absorption in the elderly is not particularly age dependent, but because of changes in fatty tissue and water retention, there are changes in drug distribution. Renal clearance, the glomerular filtration rate and tubular secretion decline predictably with age. This is important with drugs which have a narrow margin between toxic and therapeutic doses.

It was interesting to see what has been done to help reduce ADRs. Barbiturates and phenylbutazone are more tightly controlled, NSAIDs have been reviewed by the Committee on Safety of Medicines. Among the benzodiazepines there is a new generation of drugs with shorter half lives. Digoxin is now used less in the elderly, and tetracyclines have been superceded.

The pharmaceutical industry has developed safer drugs and there has been a revolution in the simplicity of drug regimens, said Dr Ramsay. "But the

industry does need to be more responsive in removing useless products. It is willing to defend the indefensible occasionally for purely commercial reasons," he said.

PSGB Council member Nick Wood pointed to figures which suggested 18 per cent of ADRs were accidental or self-administered. Was drug monitoring in the elderly adequate and was there a domiciliary role for pharmacists there, he wondered.

Dr Ramsay was unsure what could be done. The frequency of mistakes in taking medication was staggering, he said, but attitude was also a problem and on occasions amounted to deliberate non-compliance. "It is a good protective mechanism in some ways, but can be disastrous."

Dr Nicholls wondered how an elderly person was defined and asked if there was any biological index for aging as a determinant to relate to therapy. The main measure used was the mark 1 eyeball at present, said Dr Ramsay. How people looked was often indicative of how they were managed.



The hard sell? Ray Wass, Reckitt & Colman's regional manager, talks to Sheila Paterson, Aberdeen Branch chairman (centre) and community pharmacist May Bryce, also from Aberdeen

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The brain drain

Senile dementia is a distressing condition. "An acquired global impairment of intellect, memory and personality, but without impairment of consciousness," is one famous description. But, as Dr Richard Greene, director of the Astra Neuroscience Research Unit explained in his Conference Lecture, the best efforts of the pharmaceutical industry have yet to find any sort of treatment.

Senile dementia is a progressive degenerative disease, so that, by the end, the sufferer does not recognise family, or even their own image in a mirror, Dr Greene said. "Finally, you are left with a body that is conscious, which has no relationship to the person that you knew and loved. The whole substance of their personality has gone."

Dr Greene said that it was exactly 80 years ago that Dr Alzheimer first described the pathological changes in the brain of a demented woman in her 50s. The disease that bears his name today is also known as pre-senile dementia, but Alzheimer's disease and senile dementia are either exactly the same disease or only slightly different. In Alzheimer's, the tendency is a more rapid and relentless course.

Dementia is a deteriorating process, Dr Greene said. An early sign is a failing memory, and this leads to increased anxiety as the person starts to become aware of their failing powers. They begin to lose the incentive to start tasks and may become depressed, irritable, or angry. They gradually lose concern for things which are cared about, like cleanliness. Later, concern for others is ignored, time and space orientation become faulty, patients wander; finally all human substance is lost. Patients become totally unaware of what is going on around them, there is paralysis, double incontinence, stupor. Generally death will be six or seven years after diagnosis.

A major social problem

Dr Greene said that senile dementia showed all the indications of becoming a major social problem. It is probably not a new disease, but the numbers of cases is increasing along with life expectancy.

Therein lies the problem.

Demographers forecast 4.5m 65-74 year olds by 2001 (1961 4m), with 3.7m over 75s (2.1m). At the same time, the incidence of senile dementia is 2.1 per cent in the 65-69 age group, but 17.7 per cent (13.2 per cent of men, 20.9 per cent of women) in the over 80s.

"This represents an increase of 175,000 cases by the year 2000 and that is equivalent to the total elderly population in all types of residential care in the UK at the moment," Dr Greene said. "Without being too political, given the sum of money now going into geriatric care, that is a frightening prospect."

Neuropathologically, the cortex shrinks, while the areas associated with movement remain largely intact. Neurofibrillary tangles and senile plaques, features of the original description of the disease, are still indicative but, of course, can only be seen on *post mortem*.

Transmitter changes

Changes in brain transmitters are important from the view of drug development. Acetylcholine levels are reduced by up to 50 per cent. Serotonin (5-HT) is also reduced, but this has tended to be ignored. There are also indications of changes in some of the excitatory amino acids, particularly glutamate, which is neurotoxic. Over activity of such glutaminergic systems, and the consequent neurotoxicity, may be a factor.

Dr Greene said that in some Alzheimer cases a genetic defect might be a factor; studies on four families with a history of the disease had discovered an abnormality on chromosome 21, the chromosome which appears three times in cells of Down's syndrome patients. Such an abnormality could not be demonstrated in most Alzheimer patients. Other suggestions ranged from viral causes to the effects of aluminium, Dr Greene said.

The mainstays of current "treatment" are phenothiazines and other neuroleptics, antidepressants and benzodiazepines, which variously sedate "difficult patients", or treat the depression and anxiety caused as the patient becomes aware of the disease. "But let's be clear about this, we're not dealing with any primary abnormality," Dr Greene said. And anticholinergic side-effects might make things worse.

Approaches to the transmitter



Dr Richard Greene, director of the Astra Neuroscience Research Unit

abnormalities had also met with little success. Precursor loading with choline or lecithin "does little at all". Cholinesterase inhibitors have met with little success. One study of 21 trials of hydergine in dementia had shown that of all the drugs tested it gave the best results, but these were still of little clinical significance.

Tetrahydroaminoacrine, an oral cholinesterase inhibitor has aroused much interest, Dr Greene said. One study in the US appears to show some improvement, with the better results coming, as expected, in the least demented patients. The results as presented look a little strange, but Dr Greene said he would like to see the work with THA replicated.

The situation for pharmaceutical companies considering research in this area is good, Dr Greene said. Clinical incidence and family concern are both high. The problem is associated with a clear and medically recognised disease state. And, of course, the competitive situation is excellent; there is no treatment at the moment.

But overall the state of the art remains weak, there are few standards of measurement, no reasonable animal models and no genuine insight into cause and effect.

He suggested several approaches to the problem. One could attempt to stimulate the nerve cells directly, autoreceptors could be investigated, an attempt could be made to amplify the action of acetylcholine, or investigate the use of other transmitter-related drugs.

"I don't believe multiple transmitter systems are involved in the early stages. I think we are seeing a cascade process at the end where everything is falling apart. Indications are that initially only one or two transmitters are involved."

But Dr Greene remains hopeful. "I don't think we are going to stop dementia, but in the next ten years we are going to at least be able to treat usefully this extremely depressing and distressing disease."



The True Scots Pills

The story of a wooden pill box purchased at an antiques fair provided the background to a contribution at the Conference History of Pharmacy session.



GRANA ANGELICA: OR, THE TRUE SCOTS PILLS.

Left to Posturity by Dr. PATRICK ANDERSON of Edinburgh, Physician to His Majesty K. Ch. I. and constantly used as his Ordinary Physick by K. Ch. II. Are Faithfully prepared Only by I. INGLISH from Edinburgh, Now living at the Unicorn over-against the Watch-houfe near the May-Pole in the Strand, London.

By Her MAJESTIES Authority.

Amongst the most eminent Physicians of this Age, the late famous Doctor ANDERSON is most deservedly to be esteemed: For he spared no Travell nor Study that might be serviceable to the Disease of his Country; and returning from his Travels, with a Mind fully enriched, amongst other Things, he brought from Venice this inestimable Jewel, whose Virtues and Ules are these:

I. They exceedingly comfort and strengthen the Stomach; they restore the lost Appetite, they purge Choler and Melincholy, but chiefly Pileges and waterish Matter: They cleanse the fames of all putrid, gros and thick Humours; they comfort the Intrails, open Obstructions, and disperce all the Pain of these Places.

II. They strengthen the Head and all the Sentes, but chiefly those of Hearing and Sight, whose Weakness and Pain they remove; they help the Giddiness thereof, and the Megrin: And as they comfort and purge the Stomach, so they do the like both to Head and Heart, and have this excellent Faculty, That being mix'd with other Physick, they correct its Malignity, and make it unhurtful to the Stomach, and are therefore to be preffered to all other gentle and safe Medicines.

III. They are wonderfully helpful to all Diseases of the Womb, and all other Maladies belonging to Women, that proceed from Coldness, by Chance, or Constitution; For they safely and easily purge and empty the Belly, without Pain or Gripings, and carry out by their proper Paffing all those vicious Humours, and other Dregs, that are stopped in a Woman after her Delivery: And they much help Barrenness that proceedeth from Uncleanness of the Womb, and cleanse Women from their White Flux, and so fitteth and enableth them for Conception: Also they may be taken by Women with Child, for yielding them Ease in their Bellies gently, without any hazard of miscarriag at all, one every Night before Supper.

IV. They kill and choke all Worms that are bred in the Wombs of Children, Big-bellied Women that are bound in the Belly, and of Men: Yea, not any Body, that frequently useth these Pills, can breed Worms at all.

Isabella Inglish's Broadside. Reproduced by kind permission of The Society of Antiquaries of London

W.A. Jackson's paper "Grana Angelica, Patrick Anderson and The True Scots Pills" described how he became intrigued by a box, 6cms in length, bearing on its lid a black wax seal on which was a man's head, a rampant lion and a scroll bearing the name "Isabella Inglish". Around the top edge of the seal was inscribed "Dr Patrick Anderson".

Anderson's Scots Pills were sold in the 1630s and were still on offer in 1916. In 1635 Patrick Anderson, reputed to have been physician to Charles I, published a Latin treatise describing the virtues of his pill. In his "Grana Angelica" Anderson stated he had obtained the formula in Venice in 1603. The Philadelphia College of Pharmacy in 1824 described Anderson's Scots Pills as a mild "aloetic purgative" containing aloes, soap, coloynth, gamboge and aniseed oil.

There was no doubt that the right to manufacture and sell the pills was of great financial value. Anderson left "the secret and skill of preparing the pill" to his two daughters. When one of them died, the survivor, Katherine Anderson, sold the formula to Thomas Weir, an Edinburgh surgeon, in 1686.

In 1687 Letters Patent for the pills were granted to Weir by King James II and

confirmed by Letters of Certification by King William and Queen Mary as well as by Testification of the town council of Edinburgh in 1694. In 1705 Weir published a broadside listing conditions for which the pills were said to be efficacious. It was a translation of the main section of Anderson's "Grana Angelica", claiming relief from pains of the stomach, diseases in the head and "belly", and against worms. It was also a remedy for bleared eyes, dryness and paleness, stone, scurvy, cholick and dropsie. Doses varied from three, five or seven pills. It was also claimed that the pills "may be given to children and deceipt old men".

Weir warned against spurious imitations, pointing out that the pills could be bought from the said Thomas Weir at his shop and lodging in Edinburgh. All the boxes were sealed with his "face, name and arms and KA for his daughter's name ... without which they are none of his".

In 1824 the pills were still being sold from the same address, described as the second floor of a tenement in Lawn Market, the door of which had the date 1690 on the lintel. A.C. Wootton in his *Chronicles of Pharmacy* confirms that the house existed in 1910, but Mr Jackson said the area had been redeveloped and he had

been unable to find it when last in Edinburgh.

In 1711 all rights to the pill were assigned to Dr Weir's widow who left them to her son Alexander in 1715; he in turn left them to his sister Lilius Weir in 1716. Upon her death they became the property of her nephew, Dr Thomas Irving, and remained in the Irving family for almost a hundred years. In 1863 the rights were acquired by M.J. Rodger who sold them to Raimes, Blanshard and Co in 1876. The pills were still being sold by their successors, Raimes Clark and Co in 1910.

Anderson's True Scots Pills had many imitators. The most serious was Isabella Inglish, believed to have been a servant of the Weir family. She moved to London and an advertisement in the *London Gazette*, March 1707 claimed that "Dr Anderson's or the famous Scots Pills are faithfully prepared only by Mrs Inglish living at The Golden Unicorn over and against The Maypole in The Strand, London . . ."

However she, too, had counterfeiters in her neighbourhood. In a C&D advertisement of December 18, 1926 she mentions "an ignorant pretender, one Mussen, who keeps a China shop, and is so unneighbourly as to pretend to sell the same pills within three doors of me".



And on display...

While the Conference went on over the road, the John Rylands University Library of Manchester was host to an exhibition of pharmaceutical relics. "Pots, potions and pills" features some 450 items from the thousands collected by pharmaceutical historian W.A. Jackson, FPS. C&D went to catch the flavour.

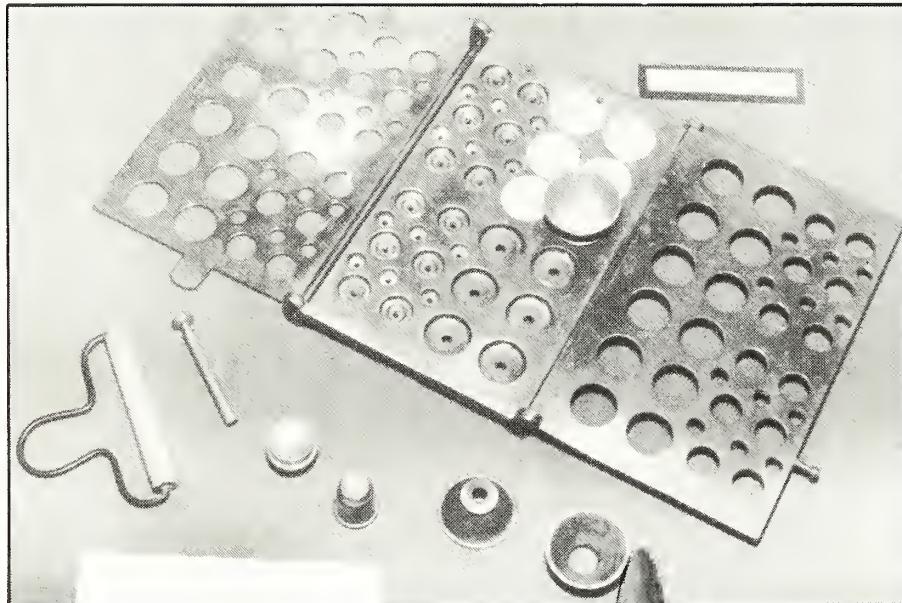
To the younger members of the profession, pharmacy history might seem a stuffy subject. But the items in Mr Jackson's exhibition will delight the newly registered as well as the historians.

Mr Jackson's collection is, he says, somewhat unique in comprising items across the whole spectrum of past pharmacy practice. Indeed it's this lack of specialisation that probably most attracts the uninformed. You can see the old tools of dispensing — pill and cachet machines, pastille and suppository moulds, along with infant feeding bottles and associated paraphernalia, bed pans, urinals,

medicine measures, a whole host of horrific-looking old medical instruments, old packs of proprietary medicines, pharmacists' dental equipment and spittoons, and the more familiar drug jars and shop rounds.

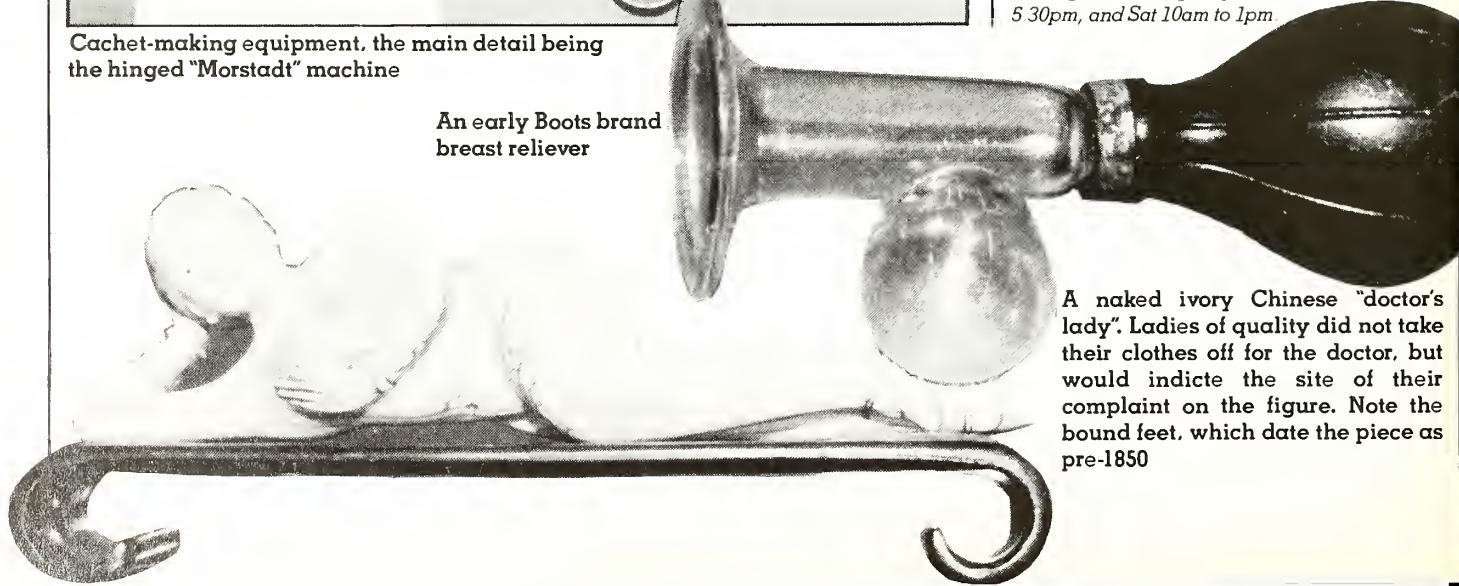
Mr Jackson has been collecting for 35 years, "just at the time that ethicals were replacing extemporaneous medicines and all the traditional articles were being relegated to attics and dustbins".

New items for his collection mainly come from dealers, but he still wanders around the flea markets in the hope of finding something novel.



Cachet-making equipment, the main detail being the hinged "Morstadt" machine

An early Boots brand breast reliever



A naked ivory Chinese "doctor's lady". Ladies of quality did not take their clothes off for the doctor, but would indicate the site of their complaint on the figure. Note the bound feet, which date the piece as pre-1850



A phrenological head of the 19th century

Wandering round the exhibition, a lot of items will remind pharmacists of current products. As Mr Jackson explains: "The number of times I've seen things introduced as 'new', and yet in my collection I can find the Victorian equivalent." When not on show, Mr Jackson's collection shares his Manchester home. Every room in the house is full. He pays tribute to his wife: "Not everybody shares their dining room with bed pans."

"Pots, potions and pills" can be seen at the Main Building, Burlington Street, of the John Rylands University Library of Manchester, until October 31, 1987. Although not a public building all pharmacists are invited to view, and should make themselves known to the porters at the entrance. The library is open Mon to Fri 9am to 9.30pm, Sat 9am to 6pm and Sun 1pm to 6pm.

A second exhibition, "From herbs to drugs", features treasures from the John Rylands Library. It too has been mounted to coincide with the BPC and will be open until December 18 in the Deansgate Building of the University Library of Manchester. A public library, the Deansgate Building is open Mon to Fri 10am to 5.30pm, and Sat 10am to 1pm.



A forgotten force?

Last week (p569) C&D asked a number of women pharmacists about their careers and family life. In this concluding article, a lady proprietor explains how she managed to run a business while rearing four children.



"Fortunate to be my own boss"

After a "patchy" start to her career, Mollie Purse feels fortunate to be her "own boss" and enjoys her community role to the full.

"I derive immense satisfaction from contact with other human beings of all kinds — professional, unqualified, colleague or customer. I am fortunate that my parallel careers as pharmacist and wife and mother have combined so successfully."

Mollie was married with a five month old daughter by the time she passed her MPS exams in 1959 and she completed her postgraduate apprenticeship in an independent retail pharmacy a few months before giving birth to daughter number two.

"There was not much scope for furthering a career with two young

Mollie Purse

Registered 1961

Married 1958: Children 1959, 1961, 1964, 1967

Present job: Proprietor pharmacist.

daughters and a Fleet Air Arm pilot for a husband, frequently away for months on end. I took advantage of his leave periods, putting him in charge at home while I went to such outposts as Timothy Whites in Newquay, Cornwall, on the 6-9pm shift. It was vitally important at that time to keep in touch with pharmacy if my qualification was going to be of any use subsequently."

"Escape" from motherhood to career was made even more difficult after the birth of her son and third daughter but by 1970 she felt able to take a regular part-time job in a community pharmacy in Grayshott, Hants, where she stayed for four years.

"At about that time my husband was due to leave the Navy and, encouraged by him, we sought our own business and found one with the required facilities in Evercreech, Somerset. With my husband's administrative and financial skill the business seemed to hold its own and by a mixture of intuition,

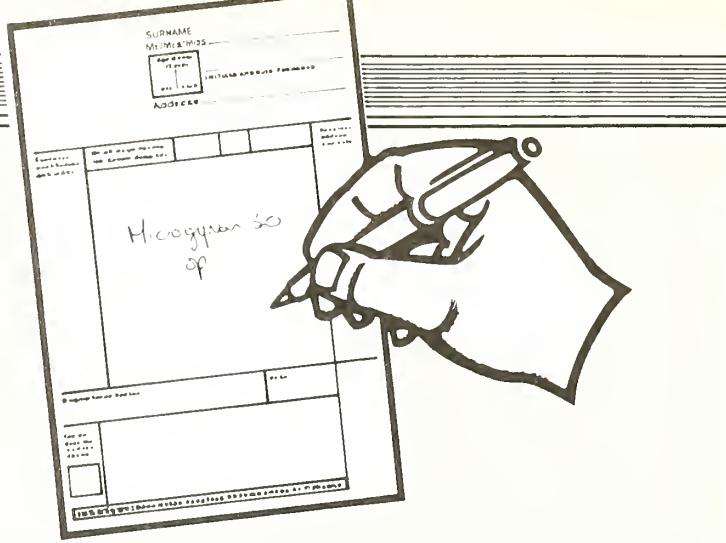
trial and error I learned about stock control, merchandising, staff relationships etc, thereby creating a successful business."

Her children were aged 15, 12, 10 and seven when the Puruses bought the business but with integral living accommodation at the shop she managed to run a dual career of community pharmacist and mother.

Her husband finally left the Navy in 1977 and they bought a second pharmacy at Stoke Sub Hamdon. "Since then I have shared my time between the two shops, employing a manageress four days a week at Stoke. Latterly I have had one day a week free thanks to the services of a young mum pharmacist. I still work all day Saturday."

She has been a member of Somerset LPC since 1979 and has served as chairman of the Society's Somerset Branch for three years and branch secretary for four years.

"At the outset I would not have seen myself as a proprietor pharmacist. This step was taken because of my husband's confidence in my ability rather than my own. I have never felt disadvantaged in my working life by being female and do not believe that women in part-time work should receive the same promotional and financial benefits as full-time pharmacists."



A woman in her early 20s presents this prescription, purchasing at the same time a packet of 50 aspirin and various contact lens solutions. She asks you what you would recommend for itchy eyes, as her contact lenses have been playing up.

1. Could the Pill be the cause of this woman's recent contact lens problems?
2. What might you advise as a solution?
3. What effect may rifampicin have on contact lenses?
4. Have any other drugs been associated with trouble for contact lens wearers?
5. What general advice should a pharmacist give to contact lens wearers about the use of eye drops and ointments?

1. Yes. Hormonal therapy with oestrogens or oral contraceptives has been suggested as a cause of persistent oedema of the cornea, which may alter the fit of contact lenses. This

may happen with patients beginning or stopping hormonal therapy, if so, establishing the patient has just started her oral contraceptive may give a better idea of whether the steroid is a likely cause of the problem.

2. If the contraceptive is to be continued, the patient may require a refitting of the contact lenses.
3. Rifampicin has been found to stain contact lenses orange permanently, though the effect is not consistent.
4. Drugs with anticholinergic effects, such as antihistamines, antispasmodics, and tricyclic antidepressants can reduce tear secretions and increase the risk of conjunctivitis and corneal abrasion. Periodic moistening of lenses with rewetting solutions may help alleviate the problem. Adrenaline eye drops have been found to cause a dense brown coloration with some contact lenses and, recently, a case was reported of staining of soft contact lenses in a patient taking oral sulphasalazine.
5. Pharmacists should warn patients to remove lenses before instillation of any eye preparation not actually for use with the lenses. The patient should wait half an hour after using drops before reinserting the lenses. Lenses should not be worn when ophthalmic ointment is being used.

prescription can be only the start of the problem... and that's the basis for "Q&A".

The prescription might be quite innocuous, like this week's one month supply of a common contraceptive pill. But from a humble beginning, we can explore questions of side effects, interactions with OTC products, counterprescribing and counselling that might present in the pharmacy, as well as other, more essentially pharmaceutical problems.

So, cover up the answers, and see how you get on. How much do you know about contact lens care?

Script problems solved here

This week sees the first in a regular new C&D series. Question and answer items are not new, but "Q&A" has, we think, a more relevant start point for the community pharmacist.

The dispensing process begins with a prescription, so that's where we begin too. All community pharmacists know that the

Health care Finnish style

Government blessing has been given to total community healthcare" as practised in Karelia, Finland, where health bodies, business, the media and the people have combined to alter lifestyle and so reduce heart disease by 30 per cent.

Dewsbury, where the incidence of coronary disease is 47 per cent above the national average, is the focus for a possible British model. There the community, led by the district medical officer, Dr Ashraff, is studying the Finnish system, which includes regular, high quality screening for breast and cervical cancer, and a health campaign to reduce fat and alcohol consumption. Some 88 per cent of women were regularly screened for cervical cancer.

The Dewsbury initiative follows a recent Scandinavian tour by Junior Health Minister Edwina Currie and Dr Ashraff. Mrs Currie says Dewsbury must first find what elements of the Finnish system are missing and then look to introduce them, possibly with Government help.

Mrs Currie, speaking at Chemex this week, said pharmacists were important in the community because they were picking up the interest of the British people in preventive healthcare. "You are able to develop, not only a pharmacist/patient relationship, but a pharmacist/customer one as well."

GP prescribing

Press coverage of a study in Leeds which aims to rationalise GP prescribing habits with regular visits from a pharmacist, has been criticised by the chairman of the Leeds Local Medical Committee (C&D August 29, p380).

GP Dr David Eastman told *Doctor* magazine that Press reports implied that GPs were subject to "intolerable pressure from the pharmaceutical industry" and were "pawns, bamboozled by drug companies". It was also implied that GP prescribing costs were out of control, he said.

The study has attracted widespread media interest because of claims that it will cut the area drugs bill by £75,000. Over the last year pharmacist Felicity Newton Syms had visited over 140 GPs offering an independent drug evaluation service.

Allen's Chemists set for their Next move

Next's expected announcement that Allen's Chemists are up for sale (see *C&D*, May 16, p970) has caused much Press speculation on the next owners of the chain.

Merchant bankers Lazards are unable to say how much interest has been shown or to confirm the estimated value of the Group as £40m: "That will depend on the bids," they say. Macarthys — front runners

according to the media — will not say whether they are interested in the 105-shop chain as they have not yet received sale details.

Unichem, who informed Next of their interest in Allens when it was purchased as part of Combined English Stores earlier this year (*C&D*, May 16), said they would have been putting in a bid but not if the speculated price of £40m was correct.

R&C interims take the toll

Pre-tax profits of £74.5m were recorded for Reckitt & Colman's first half year, rising £3.3m in the UK to £25.9m.

The results did not meet up to the City's expectations, where brokers were said to be expecting at least £79m. However, despite a decline in North American — profits due to the integration of Durkee Famous Foods, and the £12m New Zealand and Australian acquisition of products and assets from Beecham in June (*C&D*, June 6, p1154), the company's restated results report a 20.1 per cent increase over the first half of last year.

The interim dividend goes up 7.80p a share, payable on January 7, 1988.

Sales of pharmaceuticals rose by 7.7 per cent, giving an 8.6 per cent rise in pre-tax profit to £12.8m. The company is sponsoring psychopharmacology research unit at Bristol University Medical School. Meanwhile trials have commenced on the recently patented combination of a polyacrylate polymer with H2 antagonists for use in the treatment of ulcers, though the company says it is too early to judge its commercial significance.

Household and toiletry goods showed pre-tax profit increasing 7.8 per cent, helped, say R&C, by a good response to the launch of Airwick Magic Mushroom.

Boots' new plant

Boots have opened a new £16.5m pharmaceuticals manufacturing plant at their site in Cramlington.

Work began on the new facility in 1984, and it was officially opened by chairman Robert Gunn last Thursday. It employs the latest computer technology,

says the company.

Commissioning at the plant, which started early this year, now involves the active drug for flosequinan, Boots' new compound for the treatment of heart disease; a raw material for flurbiprofen, and Bronopol.

Worth having

Superdrug have generated £3.4m retail profit since joining Woolworths three months ago, contributing to the group's 17 per cent increase in half-year pre-tax profits, and 48 drug stores are planned to open up in the next six months.

Woolworth's pre-tax profits reached £27.1m for the 26 weeks ending August 1. And they claim to have increased the rate of growth of Superdrug, who themselves recorded yearly results pre-tax profits up over 23 per cent to £202,912m at the end of February (*C&D*, March 28, p572). Woolworths, who have opened 12 new Superdrugs so far, plan to double the total number to 600 in the next few years. At least ten of the new outlets this year will use space from Woolworth's existing stores.

A pointed gift?

Barclaycard are launching a gift offer scheme called Barclaycard Profiles to encourage people to switch from cash to credit card spending.

Cardholders will be sent details in the next few months, the company says. For every £10 they spend on Barclaycard they will receive one point. A minimum of 175 is needed to qualify for a gift (like a badminton racket wallet) working up to 7,500 points for a Pioneer stereo.

The loss and gains of merging Wyeth and Ayerst

American Home Products are merging Wyeth and Ayerst Laboratories, a move designed to unify operations but resulting in the loss of 75 jobs.

Internationally the merged subsidiary will be known as Wyeth Ayerst Laboratories, while in the UK and Ireland the pharmaceutical and nutritional business will trade as Wyeth Laboratories. The running down of Ayerst's Andover site will cause most redundancies, 65, chiefly production, distribution and administrative posts. The combined business will be based at Wyeth's current head office in Berkshire and there will be ten redundancies from the Wyeth workforce.

Ayerst's commercial and clinical operations will be transferred to Taplow, and packaging and distribution functions to Wyeth in Havant, Hampshire.

Wyeth's director of marketing services Don Barrett said they were hoping to offer some alternative employment to those losing jobs but they had no details of this as *C&D* went to Press.

"The merger will not affect our manufacture or distribution in a negative way, but rather centralise operations, avoid duplications and unify functions," said Mr Barrett. All products marketed by the two companies will remain available, says the firm, with trading continuing as normal until new arrangements are announced at the beginning of November.

A key move

In a year where sales increased by 65 per cent, Keystone Cameras have expanded into new premises.

Located just off the M1 in Leicestershire, the offices, factory and warehouse now employ new computerised despatch and quality control and the company has increased the workforce by ten to 28.

Commenting on the expansion, managing director Harry Dodds says: "The introduction of Le Clic saw sales increase by 330 per cent between 1985-86, and this year sales continued to rise by 65 per cent. It has been a phenomenal success." Keystone's new address is: Winchester Avenue, Blaby Industrial Park, Blaby, Leicester LE8 3GZ.

Glaxo in Japanese licensing deal for new antibiotic

Glaxo have signed an agreement with Japanese firm Mochida for a licence to develop, manufacture and market outside Japan, a new cephalosporin being developed by the Tokyo company.

The compound, code-named M14659, is in the early, pre-clinical, stages of development. It will be co-marketed in Japan by Mochida and Nippon Glaxo. Glaxo say early laboratory tests have shown M14659 to be a potent broad

spectrum antibacterial agent active against both Gram-negative and Gram-positive organisms, with a long duration of activity. Its activity against *Psuedomonas* appears, say Glaxo, to be stronger than any other cephalosporin.

Under the agreement, Mochida will receive downpayments and a running royalty as consideration. Regular liaison meetings to speed product development are planned. Glaxo shares rose 28p to £17.55 on the news, and continued to rise on succeeding days.

LIG buy into top slot in Italy

The London International Group, manufacturers of Durex, are buying Hatu-Ico, a leading Italian producer of condoms and OTC health and personal care products.

The cash consideration of £47.9m is to be raised by a £50m issue of convertible Eurobonds. The acquisition will more than double LIG's turnover on the Continent.

Hatu-Ico made pre-tax profits of £2.7m on turnover of £52m last year. The company is market leader in condoms in Italy with sales of £11m last year. The company also sold £18m of deodorants, baby products and sun care creams.

The medical products division, which manufactures syringes and thermometers, lost £3m on £12m turnover last year. According to reports LIG either plan to sell it off or to restore it to profitability by switching capacity to condom production.

Astill meets the Minister

A delegation from the Retail Consortium, which included National Pharmaceutical Association director Tim Astill, has met with the new minister for Corporate and Consumer Affairs, Francis Maude.

They discussed implementation of Part III of the Consumer Protection Act which deals with misleading prices and bargain offers. The new legislation will replace section 11 of the Trade Descriptions Act 1968 and the Bargain Offer Regulations.

The Consortium is discussing the format of replacement rules using a code

of practice, with the Department of Trade and Industry, consumer organisations and Trading Standards officers.

The National Office of Animal Health has moved following its separation earlier this year from the Association of the British Pharmaceutical Industry. NOAH can now be contacted at 3 Crossfield Chambers, Gladbeck Way, Enfield, Middlesex EN2 7HF (tel 01 367 3131 from end of this month).

Laporte Industries have increased pre-tax profits by 18 per cent to £34m for the six months ending June 28. And the interim dividend is up by 16 per cent to 40.44.

A Lightning move

A range of new promotions and services are being offered by Lightning Electrical Distributors, formerly Teamdale and Fosters.

The move follows the acquisition of both companies by the Parkfield Group. Both will be under the managing directorship of Lindsay Tait, but will maintain their distinct areas: Lightning Electrical Distributors (formerly Teamdale Distributors) supplying to the retailer, and Lightning Electrical Distributors (Industrial) (formerly Foster Electrical Supplies) as a wholesaler's wholesaler.

New services, says the company, include: operations managers to check deliveries; computer screens providing stock availability news for telesales; a new "Gold Rush" 24 hour guaranteed delivery service; an increased vehicle fleet to 27; trained merchandisers and demonstrators; a monthly video outlining five major promotions; monthly price lists and a bi-annual catalogue; and from next week Saturday opening.

Parfums Stern are being bought by Avon Products for \$160m. They will continue to function as a separate subsidiary, says the company, with Michael Stern continuing as chairman.

COMING EVENTS

An independent look at hospitals

The Independent Hospitals Association is holding its annual conference on October 14-15 at the Hotel Russell, Russell Square, London WC1.

Topics will include advances in practice and aspects of finance in the UK and Europe. The first IHA Keynote Lecture will be given by Professor Rudolf Klein of the University of Bath, on Standards in the Independent Sector. There will also be a conference dinner and trade exhibition. Details from Jean Howard, IHA, tel: 01-430 0537.

Tuesday, September 29

North Metropolitan Branch, Pharmaceutical Society. 7.30pm, The School of Pharmacy, Brunswick Square, London WC1. Discussion on Nuffield.

Thursday, October 1

Hounslow Branch, Pharmaceutical Society. joint meeting with the Hounslow NPA branch, 8pm, the

lecture theatre, West Middlesex Hospital, Twickenham Road, Isleworth. Mr Jim Downing, NPA Assistant Secretary on OPD/Strict Liability.

Wirral Branch, Pharmaceutical Society and Birkenhead & Wirral Pharmacist's Association. 8pm, Postgraduate Medical Centre, Clatterbridge, Hospital. Special Meeting to discuss Nuffield Report Part II, pre-registration experience, and vocational training.

Society of Cosmetic Scientists, at the Royal Society of Arts. London inaugural lecture, "A dermatologist's view to ingredient labelling", by Dr J.D. Wickington, Wycombe General Hospital.

Advance information

IBC Technical Services Ltd conference on Peptides: "A target for new drug development", November 9-10, London. cost: £375 + VAT. Details from Penny Robinson, IBC Technical Services Ltd, tel: 01-236 4080.

The Industrial Society residential course, "A Retail Management Workshop", October 19-22 1987, Abercyladach House, Aber, Talybont on Usk, Powys LD3 7YS. Cost: members £799 and non-members £918, including accommodation and meals. Details from Gloria Gain on 021-454 6769.

Scottish Pharmaceutical Conference. October 31-November 1, The Holiday Inn Dyce, Aberdeen. Dr E.B. Williams, head of Scientific Services Division of The Wellcome Foundation will replace speaker Dr B.J. O'Mahoney. Details from Dr L.C. Howden, The Pharmaceutical Society of Great Britain, Scottish Department, 36 York Place, Edinburgh EH1 3HU.

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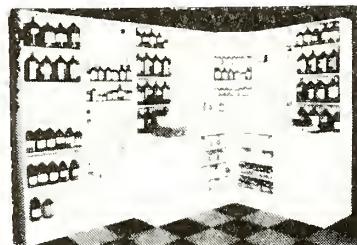
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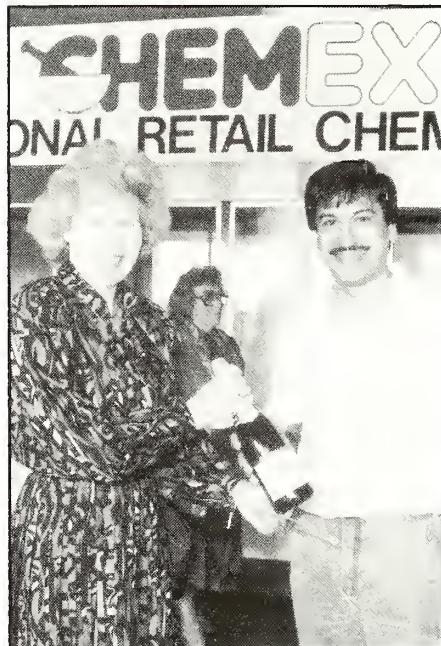
It was a long way from the seaside for five Blackpool pharmacists who met together at the BPC's "Welcome to Manchester" evening.

But these ladies all have something in common — they have all been (or in one case will be?) presidents of the Blackpool Branch of the Society.



Pictured from left to right are past presidents Joan Alderson and Lilian Anderson. Current vice-president Elizabeth Read heads the table with president Janet Davis and another past president Cecily Helliwell completing the quintet.

Lilian Anderson has another claim to fame, being Mayor of Wyre last year. However none of the other four owned up to holding other positions of influence — or were they just being modest?



Trade Exhibitions director Ellen Maloney welcomes Mr Shah of the Mall Pharmacy, Luton, the first visitor to Chemex '87 last Sunday, with a bottle of champagne

Flynn in new IoM venture

Charles Flynn, chairman of the British Pharmacists Association and chairman of Ellan-Vannin Airlines



The South-West area winner of RoC's window display competition is A.E Fox in Banbury. Karen Kilby, the pharmacy manager was presented with a jeroboam of Moet & Chandon champagne by RoC area sales manager, Sue Watson. She is watched by her staff, Louise Morbey, Christine Masters, and Judith Waite, together with RoC sales manager, John Davis

has launched a new political organisation of the Isle of Man called the Man Organisation for National Advancement: MONA.

Charles Flynn is to be president of the new organisation — Major Charles Wilson is the chairman, and Alan Wyle the vice-chairman. Major Wilson describes the organisation as "bringing people of all political views together with one common aim — the advancement of the future of the island and its people."

Janssen Pharmacy Division: Nicola Trinder is appointed key accounts executive.

Albright & Wilson: Dr J.R. Adsets joins the Board as technical director from Thursday. He succeeds Mr G.R. James who has retired after 41 years with the company.

Nicholas Laboratories: Nicola Dudman is appointed senior product manager of OTC pharmaceuticals. She joins the company from Shulton, where she was senior brand manager for Old Spice.

DEATHS

Horner: Stanley Horner of Knaresborough, North Yorkshire died on Saturday September 19, aged 78.

His son, Simon Horner, writes: "In 1959 at the age of 50, he took control of the 19th century company called J. Pickles & Sons which had fallen on hard times, the previous year's turnover being less than £500. With the help of his wife Dorothy, he started business in a terrace house in Harrogate. He sold 100 shares to chemists, friends and relatives.

Local ladies would scrape Pickles' ointment into tins and pack them on cards. "Mr Pickles", as he became known, would set out in his Dormobile every Monday with a full load of stock and not return to Yorkshire until Friday night. He slept in the wagon Winter and Summer. He nurtured his fledgling business at an age when most men would be looking towards retirement.

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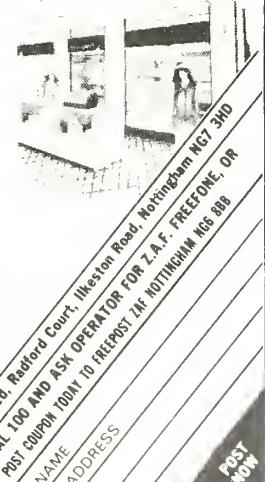
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